

From: Petre, Lori
Sent: Friday, February 04, 2005 9:39 AM
To: Abraham, Dave; Azzi, Richard; Baer, Jeanine; Boisseau, Michael; Butler, Barbara; Carter, Susan; Castaneda, Anna; Cathers, Alexia; Cisney, Leland; Claus, Robin; Cook, Paula; Cummings, Scott; Davis, D; Ditomma, J; Ducharme, Becky; Fields, Rebecca; Fizer, Pat; Flynn, Mike; Foster, Mitchell; Fraizer, Adian; Fruitman, Cecilia; Gardner, David; Gaskill, Karen; Gonzalez, Marcella; Gray, Jerri; Gurule, Colleen; Harmon, Jeanne; Harper, Sara; Hays, Jen; Heise, Brian; Hydrick, Pam; Iiles, Steven; Jackson Smith, Cathy; Jones, Melanee; Jordan, Garell; Kahler, Mary; Kennedy, K; Klimansky, Mike; Kradle, Karen; Lambert, Dora; LeBlanc, Marsha; Lucas, Greg; Major, CJ; moore, schemell; Murray, John; Nash, Janet; Oestreich, Kathy; Owens, Lori; Palmer, Grace; Price, Kari; Ratterree, Brent; Reininger, Brenda; Renkel, Mark; Renew, Charles; Sigel, Deena; Skjoldal, Brian; Soderberg, David; Speicher, Susan; Steiner, Kathy; Thurman, Kathy; Tibbs, Rob; Toland, Joan; Uchrin, Mike; Upchurch, Mike; Valentino, John; Warner, Jean-marie; Westlake, Kyra; Williams, Major; Wilson, Sonia; Woo, Herb; Worth, Amanda; Wright, Vanessa; Zamora, Sharon

Subject: FINAL PUBLISHED DESIGN DOCUMENTS

As discussed in this weeks Consortium meeting, attached please find "Final" versions of all AHCCCS Design Documents related to the Outpatient Hospital Fee Schedule Project.

From this point forward we will not re-release these documents as any changes and/or clarifications occur. All future changes and/or clarifications to the Design will be documented and communicated in a memorandum type format which will:

- Clearly outline the change or clarification,
- Provide documentation as to where the change or clarification originated,
- Outline impacts of the change or clarification

If you have any questions please direct them to the AHCCCS Outpatient Workgroup email address - AHCCCSOutpatientHospitalFeeSchedule@ahcccs.state.az.us

Thank you!



2003-0615-01-A-EN2003-0615-02-A-CL2003-0615-03-A-PR
-SP FINAL.doc... -SP FINAL.doc... -SP FINAL.doc...

ISD System Proposal

SSR Number(s): 2003-0615-01

SSR Title: Outpatient Pricing Change – ENC

Requester(s) Name: Cecilia Fruitman

Requester(s) Phone: X74233

Subsystem(s): Encounters

Date Scheduled for Release: 7/1/2005

Prepared By: Howard C. Beam

Date Prepared: 11/03/2004

ISD Project Manager: Mike Upchurch

Version #	Date
1.00	07/22/2004
1.20	10/27/2004
1.30	11/01/2004
1.40	11/03/2004
1.50	12/09/2004
1.60	12/16/2004
1.70	01/10/2005
1.80	01/31/2005

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SSR Number(s): 2003-0615-01

SSR Title: Outpatient Pricing Change – ENC

1 Signatures (Required)

ISD Representative who prepared the document

Name: Howard C. Beam
(Please Print)

Signature: _____ Date: _____

ISD Project Manager who reviewed/approved the document

Name: Mike Upchurch
(Please Print)

Signature: _____ Date: _____

AHCCCS (Arizona) User Representative who reviewed/approved the document

Name: Cia Fruitman
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____ Date: _____

AHCCCS (Arizona) User Representative who reviewed/approved the document

Name: Sara Harper
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____ Date: _____

AHCCCS (Arizona) User Representative who reviewed/approved the document

Name: Brent Ratterree
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____ Date: _____

AHCCCS (Arizona) User Representative who reviewed/approved the document

Name: Sue Carter
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____ Date: _____

AHCCCS (Arizona) Testing Representative who reviewed/approved the document

Name: Cia Fruitman
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____ Date: _____

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

SSR Title: Outpatient Pricing Change – ENC

ISD Operations Representative who reviewed/accepted the document

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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3 Change Management

(REQUIRED for all Approved Change Requests)

Request #	Date Change Approved	Requested By	Reason	User Approving Authority
001	11/29/2004	Cia Fruitman	Change multiple surgery criteria	Cia Fruitman 11/29/2004
002	Awaiting Change Control Board Approval	Cia Fruitman Brent Ratterree	Support Encounter Line Level Valuation: Add encounter DTL edits for begin and end Dates of Service <ul style="list-style-type: none">• Begin and End DOS are valid• Begin date prior to/equal end date.• Header service date range encompasses DTL service date range• Rev-cd, HCPCS and modifiers are valid during DTL DOS range.• HCPCS-to-Rev and HCPCS-to-mod are valid for DTL DOS range.• HCPCS cvg code is valid for DTL DOS range	Sara Harper 01/20/2005

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

003	Awaiting Change Control Board Approval	Cia Fruitman	The OPFS was modeled to pay the fee schedule amount, not the lesser of fee schedule or Billed Charges. Change the Pricing module to bypass the lesser of logic and pay based on the AHCCCS Allowed Amount for OPFS Encounters.	Cia Fruitman 01/31/2005

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

4 Objective & Scope

Replace the existing outpatient pricing methodology with new capped fee schedule rates based on CPT/HCPSC procedure codes, hospital cost-to-charge ratios, peer group adjustments and other factors.

5 Roles & Responsibilities

User: Define, document, and communicate encounter and claims processing policy to providers and program contractors.

ISD: Develop and implement technical solutions for the policy changes.

6 Impacts & Critical Dates

6.1 Business & System Impacts

- PMMIS/HPMMIS Recipient Subsystems – No Impact.
- PMMIS/HPMMIS Health Plan Subsystems – No Impact.
- **PMMIS/HPMMIS Claims Subsystems** – Details are in the Claims 2003-0615-02 Documentation.
- **PMMIS/HPMMIS Encounter Subsystems** – Detailed Requirements are in Sections 5 and 6.
- PMMIS Reinsurance Subsystem – No impact.
- PMMIS/HPMMIS Finance Subsystems – No Impact.
- PMMIS/HPMMIS IMS/UR Subsystems – No Impact.
- PMMIS/HPMMIS Provider Subsystems – No Impact.
- **PMMIS/HPMMIS Reference Subsystem** – Details are in the Claims 2003-0615-02 Documentation.
- PMMIS ALTCS/ACE Subsystems – No Impact.
- PMMIS/HPMMIS Security Subsystems – No Impact.

Table Updates:

Additional Fields are required on the Institutional Encounter (UB-92)

The units field on an encounter is what was billed and the CAS segments indicate discounted units; therefore **paid units = billed units – CAS units**. We need to add the following encounter line level data fields to be written to the detail record database for UB-92:

- Begin date of service

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

- End date of service

These fields are currently being received on the 837 transaction.

Add a Secondary Index to the Institutional Encounter (UB-92) Detail Table (EC-FACL-DTL)

A secondary index of HCPCS procedure code is required for performance reasons. This will be used primarily in service limit and duplicate check auditing.

These changes satisfy Requirement 5.3.1 – Additional Fields are required on the Institutional Encounter (UB-92)

Edit Updates:

Service Limit Edits similar to the Professional Service Limits are required for Institutional Encounters

For UB's, use logic similar the Form 1500 S385/S585/Z796/Z797 edits. The 'DME supply' rolling service limit logic imbedded within S385 should also be used at the line level and across providers.

Units must not be defaulted and must be present whenever procedure code is required.

Service limit edit reads must change from billed units to paid units.

This change satisfies Requirement 5.3.2 – Service Limit Edits for Institutional Enc

Dupe and Near-Dupe Edits Changes are required for Institutional Encounters

All duplicate checking must be performed at the line level.

The use of Admit Hour will be discontinued. Instead, the duplicate check will be bypassed if Condition Code 'GO' (Distinct Medical Visit) is billed. [GO condition code at the header level bypasses any line level duplicates in the claim.]

Procedure code and modifiers will be added to the Outpatient to 1500 duplicate check. Procedure codes billed with modifier '25', '27', '59', '76', or '77' will not be considered duplicates.

This change satisfies Requirement 5.3.3 – Dupe and Near-dupe Edits changes are required for Institutional Enc

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

New Encounter edits will be required:

- 36x operating room and 45x emergency room revenue codes must be billed with an accompanying procedure code.
- AHCCCS coverage code.
- Outpatient Late Charge Bill Type (135) not allowed. Replace the Original Encounter

This change satisfies Requirement 5.3.4 – New Encounter Edits for Institutional Enc

Error processes should remain unchanged

The above changes will be implemented to continue to report soft errors logged when hard errors are logged.

This change satisfies Requirement 5.3.5 – Error processes should remain unchanged

6.2 Critical Dates

Complete Requirements by 07/16/2004.

Complete Proposal by 10/31/2004

Implement by 07/01/2005

7 Detailed Design

The following change satisfies Requirement 5.3.1 – Additional Fields are required on the Institutional Encounter (UB-92)

PGM EC91L403 – HIPAA Encounter Load Program

The following fields need to added to the detail record database for UB-92:

- Begin date of service
- End date of service

These fields are currently being received on the 837I transaction. The Mercator Software will load these fields to the interface file in the Serevice Begin and Service End Dates on the D1 Record.

The HIPAA Encounter Load program will be modified to load these fields to the EC-FACL-DTL record in the new SER-BEG-DAT and SER-END-DAT fields.

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

The following changes satisfy Requirement 5.3.6 – New Outpatient Encounter Business Flow is required

PGM EC61L915 – UB-92 Encounter Valuation

Modify program to call the new Outpatient Valuation module (CLPR3450) if the encounter meets the criteria identified in **Section 5** of the **2004-0615-01 Requirements Document** instead of processing through EC61L915.

Multiple Surgeries

Note: Primary surgeries will be valued at 100%. When two or more qualifying surgical procedures are billed for the same day, the primary surgery will be selected on the basis of the highest RF126 rate and priced at 100%. Subsequent surgeries will be valued at a discount of 50%, unless the surgical procedure is found on the RF789 Surgical Discount Exception table. The secondary surgery discount logic will also be bypassed when the surgery is billed with an appropriate modifier. See RF728 for the list of modifiers.

PGM CLPR3450 – Outpatient Encounter Pricing (NEW)

Note: The specifications for this process are identical between ENC and CLM Systems. Because of this, it has been made a shared sub-module used by both systems.

OPFS Pricing Loop

Loop through the detail lines testing each procedure code against RF797 (bundle drivers)

If the procedure code matches

 Loop through the remaining detail lines testing each revenue code against RF796 (bundled revenue codes)

 If the revenue code matches

 Set the allowed amount to zero

 If the revenue code does not match

 Test the procedure code against RF126 (new outpatient rate schedule)

 If the procedure code matches

 Set the allowed amount to units * RF126 rate

 If a rate is not found

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

Set the allowed amount to billed amount * RF618 SCO rate

If the procedure code does not match

Set the allowed amount to units * RF126 rate

If a rate is not found

Set the allowed amount to billed amount * RF618 SCO rate

For any lines priced using RF126 that were billed with modifiers

Adjust the allowed amount using the RF122 rate

For any lines priced using RF126

Adjust the allowed amount using the PR050 peer group multiplier

Perform multiple surgery discounting

If the surgical procedure is not found on the RF789 surgical exception table, discount secondary surgeries 50% when they are not billed with an appropriate discounting modifier

Program EC61L515 – Encounter UB-92 Revenue Code Edits

Add the following new edits:

- 36x operating room and 45x emergency room revenue codes must be billed with an accompanying procedure code. This will assist with duplicate logic.
- AHCCCS coverage code.

This change satisfies Requirement 5.3.4 – New Encounter Edits for Institutional Enc

Modify the program to include logic similar the Form 1500 S385/S585/Z796/Z797 edits. The 'DME supply' rolling service limit logic imbedded within S385 should also be used at the line level and across providers.

Units must not be defaulted and must be present whenever procedure code is required.

Service limit edit reads must change from billed units to paid units.

This change satisfies Requirement 5.3.2 – Service Limit Edits for Institutional Enc

Program EC92L930 – Encounter UB-92 Duplicate Check

Cannot include admit date, admit hour and discharge date.

The existing Duplicate Check Audits will be removed.

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The line level logic (error on one line pends entire encounter) for the new audits are detailed below:

EXACT DUPLICATE

Encounter being audited

Service Provider
Member
Service Begin Date
Service End Date
Revenue Code
HCPCS
Modifier1
Modifier2
Modifier3
Modifier4
Units

Adjudicated UB (O)

Service Provider
Member
Service Begin Date
Service End Date
Revenue Code
HCPCS
Modifier1
Modifier2
Modifier3
Modifier4
Units

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EXACT DUPLICATE (Cross Form)

Encounter being audited	Adjudicated UB (I,O,L) or 1500 (A)
Service Provider	Service Provider
Member	Member
Service Begin Date	Service Begin Date
Service End Date	Service End Date
Revenue Code	Revenue Code
HCPCS	HCPCS
Modifier1	Modifier1
Modifier2	Modifier2
Modifier3	Modifier3
Modifier4	Modifier4
Units	Units

DOS OVERLAP (provider may or may not match)

Same day overlapping date of service is allowed when member transfers to another facility or LOA bed hold reported with appropriate units

Encounter being audited	Adjudicated UB (I,O,L) or 1500 (A)
Service Provider	Service Provider
Member	Member
Service Begin Date	Service Begin Date
Service End Date	Service End Date
Revenue Code	Revenue Code
HCPCS	HCPCS
Units	Units

UNBUNDLING (all four fields must match to PEND)

Encounter being audited	Adjudicated UB (I,O,L) or 1500 (A)
Service Provider	Service Provider
Member	Member
Service Begin Date	Service Begin Date
Service End Date	Service End Date

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NEAR DUPLICATE PROVIDER DOES NOT MATCH (all other fields must match)

Encounter being audited	Adjudicated UB (I,O,L) or 1500 (A)
Service Provider Member	Service Provider Member
Service Begin Date	Service Begin Date
Service End Date	Service End Date
HCP	HCP

A 'G0' condition code on the claim header will allow any duplicate line level errors to be bypassed on that claim.

This change satisfies Requirement 5.3.3 – Dupe and Near-dupe Edits changes are required for Institutional Enc

Hard Vs Soft Error processes should remain unchanged

The above changes will be implemented to continue to report soft errors logged when hard errors are logged.

This change satisfies Requirement 5.3.5 – Error processes should remain unchanged

Correct Coding

RF128 is a new table that will identify codes that cannot be concurrently billed. If a billed procedure code pair is found on RF128 and the health plan paid is not \$0.00 on that line, that line will be pended.

PGM EC93L930 – UB-92 Service Limits (NEW PGM)

There is a procedure modifier matrix from Ingenix in the Attachments section. These values need to be incorporated into service limit processing. A new reference table will contain codes that affect service limits and duplicate check.

RF127 Frequency Service Limits

When the frequency parameter is Month or Year, the current service limit periods are calendar based, i.e. the month/year(s) including and between the services begin and end dates.

These should be based instead on a span of days, 31 days per month and 365 days per year. In the case of a 1-month service limit period, the calculated dates would be the

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service begin date minus 30 days and the service end date plus 30 days. All paid units for the procedure intersecting either period would be accumulated, and added to the totals for each period. The period paid totals would then be compared to the maximum allowed units for the period. Excess paid units would be result in a pend.

Converting the Month and Year parameters to a span of days would align the RF112 frequency service limit processing with Encounter Form 1500 audit program EC93L932.

Reports

New reports will be required to monitor the outpatient pricing results.

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8 Schedules & Milestones

Milestones	Lead	Begin	Complete	Status
Requirements to ISD for PMMIS changes.	DHCM		6/15/2004	Completed
Requirements Draft	ISD		4/15/2004	Completed
Requirements Final	ISD		7/1/2004	Completed
System Proposal/Design Draft	ISD		3 weeks from Requirement Final	Completed
System Proposal/Design Final	ISD		2 weeks from System Proposal Draft	In Progress Final to be distributed to Health Plans/Program Contractors for review by 11/5/2004
Project "Workgroup" Meetings				
Health Plans/Program Contractors	DHCM, ISD	4/21/2004		Completed
Health Plans/Program Contractors	DHCM, ISD	5/12/2004		Completed
Health Plans/Program Contractors	DHCM, ISD	6/2/2004		Completed
Health Plans/Program Contractors	DHCM, ISD	6/23/2004		Completed
Health Plans/Program Contractors	DHCM, ISD	7/14/2004		Cancelled
Health Plans/Program Contractors	DHCM, ISD	8/4/2004		Cancelled
Health Plans/Program Contractors	DHCM, ISD	8/31/2004		Completed – Rescheduled from 8/25
Health Plans/Program Contractors	DHCM,	9/15/2004		Cancelled

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	ISD			
Health Plans/Program Contactors	DHCM, ISD	10/05/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	11/09/2004		
Health Plans/Program Contactors	DHCM, ISD	12/09/2004		
2005 Meetings	DHCM, ISD	TBD		
Develop OPPS Workgroup Email Address and Issues Tracking Processes	ISD, DHCM	4/12/2004	5/4/2004	Completed
System Development	ISD	Immediately following finalization of System Proposal/Design	90 days	
System/Integration Testing	ISD	Immediately following completion of System Development	60 days	
Pilot Testing w/ Hospital Trading Partners	ISD, DHCM	2/1/2005	2/28/2005	
Pilot Testing w/ Health Plan/Program Contractor Trading Partners	ISD, DHCM	2/1/2005	2/28/2005	
User Acceptance Testing	DHCM, DFFS	3/1/2005	5/31/2005	
Trading Partner Testing w/ Hospitals	ISD, DHCM	3/1/2005	6/30/2005	

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10 Assumptions

- Multiple surgery and correct coding changes for form 1500 will be addressed by a separate SSR.
- The following HIPAA-related changes will be addressed by a separate SSR:
 - The system will be able to process 999 UB-92 lines.
 - The system will be able to process 4 digit revenue codes.

11 Attachments

The following is a list of procedure modifiers that bypass multiple surgery discounting.

Modifier	Description	Remarks/Action
25	Separately identifiable E & M service.	Pays E & M in addition to diagnostic or surgical procedure of the same date
27	Multiple E & M same date	Pays additional E & M service same date
59	Separately identifiable procedure	To report services that are not normally reported together. Currently, 59 sends claims to Med review
76	Procedure/service repeated in a separate operative session on the same day	Will need to over-ride daily limit/dupe edits
77	Repeat procedure/service, another physician, same day	Will need to over-ride daily limit/dupe edits

Critical Encounter Edit Matrix

Edit	Description	Table
New	Bill Type must be 100-148 or 85x. (Currently, RF774 validates the Revenue Code/Bill Type relationship, and RF618 is used	RF774 RF618

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	for Revenue Code to Provider Type.)	
	Verify Bill Type	RF706
	Verify Procedure Code	RF110
New	Verify a Procedure Code is present when required for the Revenue Code	RF774
New	Validate the Revenue Code to Procedure Code relationship	RF773
	Verify the Procedure Code Modifier	RF114
	Validate the Procedure Code to Modifier relationship	RF122
	Verify Procedure Code Coverage	RF123
	Verify Outpatient Procedure Service Limits are not exceeded	RF127
New	Verify Correct Procedure Code Coding	RF128

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12 Addendum

None.

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ISD System Proposal

SSR Number(s): 2003-0615-02

SSR Title: Outpatient Pricing Change

Requester(s) Name: Cecilia Fruitman

Requester(s) Phone: X74233

Subsystem(s): Claims

Date Scheduled for Release: 6/6/2005

Prepared By: Mark Renkel

Date Prepared:

ISD Project Manager: Mike Upchurch

Version #	Date
001	10/28/2004
002	11/30/2004
003	01/06/2005
004	01/31/2005

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SSR Number(s): 2003-0615-02

SSR Title: Outpatient Pricing Change

1 Signatures (Required)

ISD Representative who prepared the document

Name: Mark Renkel
(Please Print)

Signature: _____ Date: _____

ISD Project Manager who reviewed/approved the document

Name: Mike Upchurch
(Please Print)

Signature: _____ Date: _____

AHCCCS (Arizona) User Representative who reviewed/approved the document

Name: Cia Fruitman
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____ Date: _____

AHCCCS (Arizona) User Representative who reviewed/approved the document

Name: Sara Harper
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____ Date: _____

AHCCCS (Arizona) User Representative who reviewed/approved the document

Name: Sue Carter
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____ Date: _____

AHCCCS (Arizona) User Representative who reviewed/approved the document

Name: Rebecca Fields
(Please Print)

Implementing:
Yes: ☐ No: ☐

Signature: _____
(Please Print)

Date: _____
Yes: ☐ No: ☐

MED-QUEST (Hawaii) User Representative who reviewed/approved the document

Name: N/A Implementing:

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

Signature: _____ (Please Print) Yes: ☐ No: ☐
Date: _____

ISD Testing Representative who reviewed/approved the document

Name: Lori Petre

Signature: _____ (Please Print) Date: _____

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

SSR Number(s): 2003-0615-02

SSR Title: Outpatient Pricing Change

2 Signatures (If Applicable)

ISD Operations Representative who reviewed/accepted the document

Name: _____
(Please Print)

Signature: _____ Date: _____

ISD Database Representative who reviewed/accepted the document

Name: _____
(Please Print)

Signature: _____ Date: _____

ISD Network Services Representative who reviewed/accepted the document

Name: _____
(Please Print)

Signature: _____ Date: _____

ISD Security Representative who reviewed/accepted the document

Name: _____
(Please Print)

Signature: _____ Date: _____

Title:

Name: _____
(Please Print)

Signature: _____ Date: _____

Title:

Name: _____
(Please Print)

Signature: _____ Date: _____

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

3 Change Management

(REQUIRED for all Approved Change Requests)

Request #	Date Change Approved	Requested By	Reason	User Approving Authority
001	11/29/2004	Cia Fruitman	Change multiple surgery criteria	Cia Fruitman
002	01/20/2005	Cia Fruitman Brent Ratterree	`Support Encounter Line Level Valuation, Claims Duplicate Check	Sara Harper

4 Objective & Scope

Replace the existing outpatient pricing methodology with new capped fee schedule rates based on CPT/HCPCS procedure codes, hospital cost-to-charge ratios, peer group adjustments and other factors. This will apply to acute in-State non-IHS hospitals for dates of service beginning 7/1/2005.

5 Roles & Responsibilities

(REQUIRED - If applicable)

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

User: Define, document, and communicate Encounter and Claims processing policy.

ISD: Develop technical solutions to implement the policy within PMMIS.

6 Impacts & Critical Dates

(REQUIRED - If applicable)

6.1 Business & System Impacts

Programs:

- CLED4550 Claims Duplicate Check (batch)
- CLSF4706 Claims Duplicate Check (online)
- CLPR2150 Claims non-Tier Service Limits
- CLPR2450 Claims Form 1500 Valuation
- CLPR2750 Claims Form UB-92 non-Tier Valuation
- CLPR2850 Claims Pricing
- CLPV0130 Claims Rate Schedule Lookup

Edit Updates:

- L199 Correct Coding New
- L200 Dates of Service Span 7/1/2005 New
- H298 Late Charges New
- H204 Duplicate Claim New Edit Result 7

Table Updates:

- CL101 Claim Edits
- CL102 Edit Type – Edit
- CL103 Edit Type – Valid Result
- CL112 Edit Response Worksheet

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6.2 Critical Dates

See Section 8 – Schedules and Milestones.

7 Detailed Design

(REQUIRED)

Summary of Changes

- Acute in-State non-IHS Outpatient Pricing
 - Add support for Encounter Line Level Valuation
- Peer Group Multipliers
- New Claim Brand 109 for Outpatient
- New Claim Edits
 - L199 Correct Coding
 - L200 Dates of Service Spanning 7/1/2005
 - H298 Late Charges
- Modified Claim Edits
 - H204 UB92 Duplicate Check
 - Add new Result 7 - Unbundling
- Multiple Surgery Discounting
 - RF789 Exempt Procedures
 - RF723 Exempt Modifiers
- Weekly and Monthly RF127 Frequency Service Limits (RF112 for 1500 and Dental)
 - Change from Calendar to spans of 7 and 31 days
- Hospital-only Coverage Code 05
- Duplicate Check
- AHCCCS Allowed Amount will be used for Pricing

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Claim Pricing (Program CLPR3450 - new)

OPFS Pricing Loop

Loop through the claim lines testing each procedure code against RF797 (bundle drivers)

If the procedure code matches

 Loop through the remaining claim lines testing each revenue code against RF796 (bundled revenue codes)

 If the revenue code matches

 Set the allowed amount to zero

 If the revenue code does not match

 Test the procedure code against RF126 (new outpatient rate schedule)

 If the procedure code matches

 Set the allowed amount to units * RF126 rate

 If a rate is not found

 Set the allowed amount to billed amount * RF618 SCO rate

 If the procedure code does not match

 Set the allowed amount to units * RF126 rate

 If a rate is not found

 Set the allowed amount to billed amount * RF618 SCO rate

For any lines priced using RF126 that were billed with modifiers

 Adjust the allowed amount using the RF122 rate

For any lines priced using RF126

 Adjust the allowed amount using the PR050 peer group multiplier

Perform multiple surgery discounting

 If the surgical procedure is not found on the RF789 surgical exception table, discount secondary surgeries 50% when they are not billed with an appropriate discounting RF723 modifier

Note: Table CL-SYS-PRICE will be used for claims results. Table EC-PRICE will be used for Encounters.

Peer Group Multipliers

These are special fee schedule percentages that will be used to adjust RF126 procedure rates for each hospital. They will be on the Provider-specific rate table PR050. The fee schedule

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identifiers will be PGM and PG1-PG9. More than one multiplier can be assigned, in which case the multiplier percentage would be additive (e.g. a 1.2 multiplier could combine with a 1.5 multiplier for a net effect of $1.7 * \text{the RF126 procedure rate}$).

Branding

Qualifying claims will receive a new claim criteria brand of 109.

- In-State non-IHS Acute Hospital (provider type 02), beginning 7/1/2005

Critical Claim Edits

- Verify the bill type (values 100-148 and 85x for outpatient, inpatient and critical access hospitals).
- Verify the submitted revenue code and procedure code values (RF110, RF706).
- Verify that the procedure code is present when required for the revenue code (RF774).
- Verify that the combination of revenue code, procedure code, and procedure modifier are valid (RF773, RF122).
- Verify that the services are covered (RF123).
 - Note: Procedure codes that are Hospital only will use coverage code 05. This will require a change to program CLGP0800, and to program CLED3750 to pass brand 109.
- Verify that service limits are not exceeded (RF127).
- Enable modifier logic for UB92's.
- Review existing 1500 edits and determine which are appropriate for UB editing.

Correct Coding

RF128 is a new table that will identify codes that cannot be concurrently billed.

If a billed procedure code pair is found on RF128, that line will be denied (edit L199 – new).

Multiple Surgeries (program CLPR3450 – new)

Surgical procedures not on the RF789 surgical exception table or not billed with an appropriate discounting modifier will be subject to system discounting. When two or more qualifying surgical procedures are billed for the same day, the primary surgery will be selected on the basis of the highest RF126 rate and priced at 100%. The remaining surgeries will be priced at 50% of the normal rate.

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Claims Service Limits (Program CLPR2150)

There is a procedure modifier matrix from Ingenix in the Attachments section. These values need to be incorporated into service limit processing. A new reference table (RF723) will contain codes which affect service limits and duplicate check.

RF127 Frequency Service Limits

When the frequency parameter is Week or Month, the current service limit periods are calendar based, i.e. the week/month(s) including and between the service begin and end dates.

These should be based instead on a span of days, 7 days per week and 31 days per month. In the case of a 1 week service limit period, the calculated periods would be the Sunday through Saturday period containing the service begin date through the Sunday through Saturday containing the service end.. All paid units for the procedure intersecting the periods would be accumulated, and the claim's billed units added to the totals for each period. The period totals would then be compared to the maximum allowed units for the period. Excess billed units would be subject to system cutback.

Converting the Week and Month parameters to a span of days would align the RF112 frequency service limit processing with Encounter Form 1500 audit program EC93L932.

This is shared code in the claims system that will also affect form 1500 and Dental.

Late Charges

Outpatient Late Charge claims (Bill Type 135) will not be paid. Void and resubmit the original claim (edit H298)

Duplicate Check (Programs CLED4550, CLSF4706)

The existing Outpatient to Outpatient duplicate check uses the following matching criteria at the claim header level:

- Form Type
- AHCCCS Id (or alias)
- Service Provider (or alias)
- Dates of Service
- Admit Hour

The use of Admit Hour will be discontinued. Instead, the duplicate check will be bypassed if Condition Code 'G0' (Distinct Medical Visit) is billed.

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Same day overlapping date of service is allowed when member transfers to another facility or a leave of absence revenue code (18x) is billed. These conditions bypass duplicate check.

For an Outpatient to 1500 duplicate, bypass if the 1500 is provider type 43 (ambulatory surgical center).

Procedure code will be added to the Outpatient to 1500 duplicate check. Procedure codes billed with modifier '25', '27', '59', '76', or '77' will not be considered duplicates. Other modifiers may be added to RF723.

The **line level** matching logic follows.

Exact Duplicate (Outpatient to Outpatient)

Claim being edited

Service Provider
Member
Service Begin Date
Service End Date
Revenue Code
HCPCS
Modifier1
Modifier2
Modifier3
Modifier4
Units

Adjudicated Outpatient Claim

Service Provider
Member
Service Begin Date
Service End Date
Revenue Code
HCPCS
Modifier1
Modifier2
Modifier3
Modifier4
Units

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

Exact Duplicate (Cross Form)

Claim being Edited

Service Provider
Member
Service Begin Date
Service End Date
Revenue Code
HCPCS
Modifier1
Modifier2
Modifier3
Modifier4
Units

Adjudicated Inpatient, Outpatient, LTC, or 1500 Claim

Service Provider
Member
Service Begin Date
Service End Date
Revenue Code (except 1500)
HCPCS
Modifier1
Modifier2
Modifier3
Modifier4
Units

Date of Service Overlap (UB-92 to UB-92)

Claim being Edited

Member
Service Begin Date
Service End Date
Revenue Code
HCPCS
Units

Adjudicated Inpatient, Outpatient, or LTC Claim

Member
Service Begin Date
Service End Date
Revenue Code
HCPCS
Units

Unbundling (Cross Form)

Claim being Edited

Service Provider
Member
Service Begin Date
Service End Date

Adjudicated Inpatient, Outpatient, LTC, or 1500 Claim

Service Provider
Member
Service Begin Date
Service End Date

NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

Near Duplicate (Cross Form)

Claim being Edited

Member
Service Begin Date
Service End Date
HCPCS

Adjudicated Inpatient, Outpatient, LTC, or 1500 Claim

Member
Service Begin Date
Service End Date
HCPCS

Edit H204 Duplicate Claim Results:

Condition	Result
UB92-UB92 Exact Duplicate	2
UB92-UB92 DOS Overlap	3
UB92-UB92 Unbundling	7
UB92-UB92 Near Duplicate	1
UB92-1500 Exact Duplicate	2
UB92-1500 Unbundling	7
UB92-1500 Near Duplicate	7

Claims Pricing (Program CLPR2850)

For non-Medicare claims, the calculated allowed amount will be selected as the basis for payment, instead of the lesser of billed charges or allowed amount.

The existing early payment discount and late payment penalty will continue to apply.

New User Reports

By Hospital:

- Claims missing units or units in excess of service limits.
- Invalid combinations of revenue code, procedure code, and/or procedure modifier.

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NOTE: Do not remove any Sections, Titles, Headings, or Signature lines. N/A is required for non-applicable areas within the document.

8 Schedules & Milestones

Milestones	Lead	Begin	Complete	Status
Requirements to ISD for PMMIS changes.	DHCM		6/15/2004	Completed
Requirements Draft	ISD		4/15/2004	Completed
Requirements Final	ISD		7/1/2004	Completed
System Proposal/Design Draft	ISD		3 weeks from Requirement Final	Completed
System Proposal/Design Final	ISD		2 weeks from System Proposal Draft	In Progress Final to be distributed to Health Plans/Program Contractors for review by 11/5/2004
Project "Workgroup" Meetings				
Health Plans/Program Contactors	DHCM, ISD	4/21/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	5/12/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	6/2/2004		Completed

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Health Plans/Program Contactors	DHCM, ISD	6/23/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	7/14/2004		Cancelled
Health Plans/Program Contactors	DHCM, ISD	8/4/2004		Cancelled
Health Plans/Program Contactors	DHCM, ISD	8/31/2004		Completed - Rescheduled from 8/25
Health Plans/Program Contactors	DHCM, ISD	9/15/2004		Cancelled
Health Plans/Program Contactors	DHCM, ISD	10/05/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	11/09/2004		
Health Plans/Program Contactors	DHCM, ISD	12/09/2004		
2005 Meetings	DHCM, ISD	TBD		
Develop OPPS Workgroup Email Address and Issues Tracking Processes	ISD, DHCM	4/12/2004	5/4/2004	Completed
System Development	ISD	Immediately following finalization of System Proposal/Design	90 days	
System/Integration Testing	ISD	Immediately following	60 days	

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		completion of System Development		
Pilot Testing w/ Hospital Trading Partners	ISD, DHCM	2/1/2005	2/28/2005	
Pilot Testing w/ Health Plan/Program Contractor Trading Partners	ISD, DHCM	2/1/2005	2/28/2005	
User Acceptance Testing	DHCM, DFFS	3/1/2005	5/31/2005	
Trading Partner Testing w/ Hospitals	ISD, DHCM	3/1/2005	6/30/2005	
Trading Partner Testing w/ Health Plan/Program Contractors	ISD, DHCM	3/1/2005	6/30/2005	
Verify all table, provider rate file updates	ISD, DFSM		5/31/2005	
Implementation of Table Changes	ISD		6/1/2005	
Implementation all Remaining Components	ISD		7/1/2005	

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10 Assumptions

(REQUIRED - If applicable)

- The new OPFS pricing methodology and accompanying edits will not apply to Department of Corrections Claims (criteria code 069).
- Modifier amount pricing, currently used for anesthesia and DME, will not apply to OPFS pricing.
- Multiple surgery and correct coding changes for form 1500 will be addressed by a separate SSR.
- The following HIPAA-related changes will be addressed by a separate SSR:
 - The system will be able to process 999 UB-92 lines.
 - The system will be able to process 4 digit revenue codes.
 - The system will be able to all formats of procedure codes.

11 Attachments

(REQUIRED - If applicable)

Critical Claim Edit Matrix

Edit	Description	Table
New	Bill Type must be 100-147 or 85x. (Currently, RF774 validates the Revenue Code/Bill Type relationship, and RF618 is used for Revenue Code to Provider Type.)	RF774 RF618
H078	Verify Bill Type	RF706
L001	Verify Procedure Code	RF110
L040	Verify a Procedure Code is present when required for the Revenue Code	RF774
L040	Validate the Revenue Code to Procedure Code relationship	RF773
L060/L061	Verify the Procedure Code Modifier	RF114
L112/L113	Validate the Procedure Code to Modifier	RF122

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	relationship	
L013	Verify Procedure Code Coverage	RF123
New	Verify Outpatient Procedure Service Limits are not exceeded	RF127
New	Verify Correct Procedure Code Coding	RF128

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Procedure modifiers that bypass multiple surgery discounting.

Modifier	Description	Remarks/Action
25	Separately identifiable E & M service.	Pays E & M in addition to diagnostic or surgical procedure of the same date
27	Multiple E & M same date	Pays additional E & M service same date
59	Separately identifiable procedure	To report services that are not normally reported together. Currently, 59 sends claims to Med review
76	Procedure/service repeated in a separate operative session on the same day	Will need to over-ride daily limit/dupe edits
77	Repeat procedure/service, another physician, same day	Will need to over-ride daily limit/dupe edits

12 Addendum

(REQUIRED - If applicable)

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ISD System Proposal

SSR Number(s): 2003-0615-03

SSR Title: Outpatient Pricing Change

Requester(s) Name: Cecilia Fruitman

Requester(s) Phone: X74233

Subsystem(s): Provider, Reference

Date Scheduled for Release:

Prepared By: John Murray

ISD Project Manager: Mike Upchurch

Version #	Date
1	06/21/04
2	08/05/04
3	10/01/04
4	12/27/04
5	01/05/05
6	01/25/05
7	01/31/05
8	02/02/05

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SSR Number(s): 2003-0615-03

SSR Title: Outpatient Pricing Change

1 Signatures (Required)

ISD Encounters/Claims Representative who reviewed/approved the proposal

Name: MARK RENKEL
(Please Print)

Signature: _____ Date: _____

ISD Provider/Reference Representative who produced the proposal

Name: JOHN MURRAY
(Please Print)

Signature: _____ Date: _____

ISD Project Manager who reviewed/approved the proposal

Name: MIKE UPCHURCH
(Please Print)

Signature: _____ Date: _____

AHCCCS User Representative approving the proposal

Name: CECILIA FRUITMAN
(Please Print)

Signature: _____ Date: _____

AHCCCS User Representative approving the proposal

Name: KAREN KRADLE
(Please Print)

Signature: _____ Date: _____

AHCCCS Reimbursement & Reinsurance Administrator approving the proposal

Name: SARA HARPER
(Please Print)

Signature: _____ Date: _____

AHCCCS Encounters Manager approving the proposal

Name: BRENT RATTERREE
(Please Print)

Signature: _____ Date: _____

AHCCCS Claims Operations Manager approving the proposal

Name: REBECCA FIELDS
(Please Print)

Signature: _____ Date: _____

Med-QUEST User Representative approving the proposal

Name: _____
(Please Print)

Signature: _____ Date: _____

ISD Testing Representative who reviewed/approved the proposal

Name: LORI PETRE
(Please Print)

Signature: _____ Date: _____

SSR Number(s):

SSR Title:

1.1 Signatures (If Applicable)

ISD Operations Representative who reviewed/accepted the proposal (If Applicable)

Name: _____
(Please Print)

Signature: _____ Date: _____

ISD Database Representative who reviewed/accepted the proposal (If Applicable)

Name: _____
(Please Print)

Signature: _____ Date: _____

ISD Network Services Representative who reviewed/accepted the proposal (If Applicable)

Name: _____
(Please Print)

Signature: _____ Date: _____

ISD Security Representative who reviewed/accepted the proposal (If Applicable)

Name: _____
(Please Print)

Signature: _____ Date: _____

2 Change Management

(REQUIRED for all Approved Change Requests)

Request #	Date Change Approved	Requested By	Reason	User Approving Authority
1	07/13/04	Cia Fruitman	New table RF129 MULTIPLE SURGERY	Cia Fruitman
2	08/05/04	Mark Renkel	New tables: RF723 - Limit Override Modifiers RF725 – Override Modifier Action Codes	Cia Fruitman
3	09/17/04	Cia Fruitman	(1) Rename table RF- PROC-XREF to RF- PROC-CCI (2) Add Modifier field to table. (3) Add Form Type to table.	Cia Fruitman
4	12/27/04	Cia Fruitman	Add flag to RF789- Multiple Surgery Exception reference table to indicate which procedure codes are specific for AHCCCS	Cia Fruitman
5	01/05/05	Cia Fruitman	(1) Add new table RF121 Valid OPFS Procedure Modifiers. (2) Include reference to new coverage code '05' (03) Include example of new Rate Schedule entry 'PGM' on RF756 screen. (4) Modify examples on RF723 & RF725 screen layouts to show more realistic Override Action codes. (5) Modify example on screen RF128 to show more realistic CCI Edits for Outpatient Hospitals	Cia Fruitman

6	01/25/05	Cia Fruitman	Add new field named POLICY to the CCI table	Cia Fruitman
7	01/31/05	Cia Fruitman	Replace Modifier with Modifier Indicator on table RF-PROC-CCI; Transaction RFf128; Extract Record 'N5'	Cia Fruitman
8	02/02/05	Cia Fruitman	Include example of new Rate Schedule entries 'PG1' and 'PG2' on RF615, PR050 and RF756 screen illustrations.	Cia Fruitman

3 Objective & Scope

Replace the existing outpatient pricing methodology with new capped fee schedule rates based on CPT/HCPCS procedure codes, hospital cost-to-charge ratios, peer group adjustments and other factors.

Participating Provider and Reference Tables

- PR050 Provider Rate Schedules
- RF110 Procedure Codes and Descriptions
- RF122 Valid Procedure Modifiers
- RF123 Procedure AHCCCS Coverage
- RF615 Entity Type/Rate Schedule
- RF721 Revenue Codes
- RF756 Payment 1

New Reference Tables Needed to Support Outpatient Fee Schedules (OPFS)

- *RF121* Valid OPFS Procedure Modifiers
- *RF126* Procedure OPFS Price
- *RF127* Procedure OPFS Code Indicators and Values
- *RF128* CCI Edits
- *RF723* Limit Override Modifiers

- *RF725* Override Modifier Action Codes
- *RF789* Multiple Surgery Exception Table
- *RF796* OPFS Bundled Revenue Codes
- *RF797* OPFS Bundled Rate Driver

4 Roles & Responsibilities

CODING AND UNIT TEST

Provider/Reference - John Murray

SYSTEM TESTING

ATR - Lori Petre

5 Impacts & Critical Dates

5.1 Business & System Impacts

Provider

Update RF615 to allow a new percentage rate schedule by procedure code range and date to be entered in PR050 for provider type 02

- PGM Peer Group Multiplier

These percentages will function as Peer Multipliers. Additional multipliers can be added as needed.

Reference

- A copy of RF122 (Valid Procedure Modifiers) will be added for outpatient CPT/HCPCS procedures. Place of service will not be used. New transaction will be RF121 – Valid OPFS Procedure Modifiers.
- A copy of RF112 (Procedure Maximum Allowed Charge) will be added for outpatient CPT/HCPCS procedures. Place of service will not be used. New transaction will be RF126 – Procedure OPFS Price.
- A copy of RF113 (Procedure Code Indicators and Values) will be added for outpatient surgery and emergency room procedure service limits. Only the daily maximum, age,

gender, anesthesia and frequency (e.g. weekly, monthly, lifetime) limit fields will be required. New transaction will be RF127 – Procedure OPFS Indicators & Values.

- The outpatient Procedure Maximum Allowed Charge rate schedule table will require a batch process to update the rates at least once a year, similar to the current annual MAC price update that takes place in March of each year for RF112.
- The bi-monthly Reference process that includes RF113 and RF112 table information extracted from PMMIS will need to be modified to include the two new tables (outpatient procedure rate schedule and service limit). The revenue code to procedure code table RF774 will also added. All file changes also need to be communicated to the Health Plans in accordance with the 3-month rule to give them sufficient time to incorporate the new record layouts.
- The annual HCPCS batch update process will require modification to set default values for the new cloned tables.
- A new Rate Schedule PGM (Peer Group Multiplier) to support hospital outpatient pricing will need to be added to RF756 (Payment 1) and RF615 (Entity Type/Rate Schedule).
- A new table and transaction will be added for bundled revenue codes. This table will be date sensitive. New transaction will be RF796 – OPFS Bundled Revenue Codes.
- A new table and transaction will be added for the procedure codes that drive the bundling process. This table will be date sensitive. New transaction will be RF797 – OPFS Bundled Rate Driver Table.
- A new table and transaction will be added to cross-reference HCPCS to related CPT codes. This table will be date sensitive. New transaction will be RF128 – CCI Edits.
- The Procedure Code Add loop will need to be modified to include the new outpatient rate schedule and service limit transactions.

5.2 Critical Dates

Milestones	Lead	Begin	Complete	Status
Requirements to ISD for PMMIS changes.	DHCM		6/15/2004	Completed
Requirements Draft	ISD		4/15/2004	Completed
Requirements Final	ISD		7/1/2004	Completed
System Proposal/Design Draft	ISD		3 weeks from Requirement Final	Completed
System Proposal/Design Final	ISD		2 weeks from System Proposal Draft	In Progress
Project "Workgroup" Meetings				
Health Plans/Program Contactors	DHCM, ISD	4/21/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	5/12/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	6/2/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	6/23/2004		Completed
Health Plans/Program Contactors	DHCM, ISD	7/14/2004		Cancelled
Health Plans/Program Contactors	DHCM, ISD	8/4/2004		Cancelled

Health Plans/Program Contactors	DHCM, ISD	8/31/2004		Completed - Rescheduled from 8/25
Health Plans/Program Contactors	DHCM, ISD	9/15/2004		Cancelled
Health Plans/Program Contactors	DHCM, ISD	10/05/2004		
Health Plans/Program Contactors	DHCM, ISD	11/07/2004		
Health Plans/Program Contactors	DHCM, ISD	12/09/2004		
2005 Meetings	DHCM, ISD	TBD		
Develop OPPS Workgroup Email Address and Issues Tracking Processes	ISD, DHCM	4/12/2004	5/4/2004	Completed
System Development	ISD	Immediately following finalization of System Proposal/Design	90 days	
System/Integration Testing	ISD	Immediately following completion of System Development	60 days	
Pilot Testing w/ Hospital Trading Partners	ISD, DHCM	2/1/2005	2/28/2005	
Pilot Testing w/ Health Plan/Program Contractor Trading Partners	ISD, DHCM	2/1/2005	2/28/2005	

User Acceptance Testing	DHCM, DFFS	3/1/2005	5/31/2005	
Trading Partner Testing w/ Hospitals	ISD, DHCM	3/1/2005	6/30/2005	
Trading Partner Testing w/ Health Plan/Program Contractors	ISD, DHCM	3/1/2005	6/30/2005	
Verify all table, provider rate file updates	ISD, DFSM		5/31/2005	
Implementation of Table Changes	ISD		6/1/2005	
Implementation all Remaining Components	ISD		7/1/2005	

6 Detailed Design

6.1 PROVIDER

No coding changes required however a new rate schedule 'PGM – Peer Group Multiplier' will be added to PR050 RATE SCHEDULES and supporting Reference tables RF615 ENTITY TYPE/RATE SCHEDULE and RF756 PAYMENT 1. Also a new Coverage Code '05 – Outpatient Hospital Services' will be added to reference table RF102 AHCCCS COVERAGE.

TR: RF615 ACT: I	AHCCCS - REFERENCE	05/12/04
NTR: _____	ENTITY TYPE/RATE SCHEDULE	19:56:32
		RF06L010
START AT ENTITY TYPE/RATE SCHEDULE: ____ SERVICE TYPE: _		
-----INDICATORS-----		
ENTITY TYPE/RATE SCHEDULE	ENTITY TYPE/ RATE SCHEDULE DESCRIPTION	PROV TYPE RATE
	SERVICE TYPE	PROV RATE
	SERVICE TYPE DESCRIPTION	PROV RATE
		THRES
		STD SVC SET
PGM PEER GROUP MULTIPLIER	H HCPCS PROCEDURE CODE	P
PG1 PEER GROUP MULTIPLIER	H HCPCS PROCEDURE CODE	P
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC		

TR: PR050 ACT: I	AHCCCS - PROVIDER	05/12/04
NTR: _____	RATE SCHEDULES	20:03:39
		PR01L050
PROVIDER NUMBER: 692576 CARLA TRUMAN HOME		
PROVIDER TYPE: B2 RESID TRTMENT CTR-NON-SECURE (1-16 BEDS)		
CURRENT REIMB TYPE: 02 NON-CONTRACTED FEE FOR SERVICE		
CURRENT ENRLMT STATUS: 01 ACTIVE		
AS OF DATE: 01/01/2005 START AT: SCH ____ CTY ____ SER ____		
A SCH COUNTY	SER TYP	SERVICE FROM
I PMT AMOUNT	RECPT DATE	BEGIN DATE
		END DATE
		MOD POS
		LAST UPDATE
		USER
A PGM 99 STATEWIDE	H HCPCS 10111	69999
P 1.20	01/01/2005	01/01/2005
		10/31/2004
OP6		
A PG1 99 STATEWIDE	H HCPCS 68888	69999
P 0.50	01/01/2005	01/01/2005
		10/31/2004
OP6		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=HST 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC		

TR: RF756 ACT: I	AHCCCS - REFERENCE	USER ID: 0B1	01/04/05
NTR: _____	PAYMENT 1		10:03:20
			RF00L213
SORTED BY CODE			
CODE	DESCRIPTION	LAST MOD USR	
PGM	PEER GROUP MULTIPLIER (GENERAL)	12/28/04	002
PG1	PEER GROUP MULTIPLIER (TRAUMA)	12/28/04	002
PG2	RESERVED FOR FUTURE USE	12/28/04	002
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC			

TR: RF102 ACT: I	AHCCCS - REFERENCE	USER ID: 0B1	01/04/05
NTR: _____	AHCCCS COVERAGE		10:03:20
			RF00L212
SORTED BY CODE			
CODE	DESCRIPTION	LAST MOD USR	
05	OUTPATIENT HOSPITAL SERVICES	12/28/04	002
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC			

6.2 REFERENCE

6.2.1 DATABASE CHANGES

6.2.1.1 New Procedure OPFS Price table

SYSTEM: REF DB-NAME: OPC DBID: 134

See new Reference screen RF126 section 6.2.2.2

NEW DATA VIEWS	
RF-PROC-OPFS-PRC-R	Read
RF-PROC-OPFS-PRC-U	Update

TABLE LAYOUT - RF-PROC-OPFS-PRC		
STA-CD	X 01	Record Status
PROC	X 05	Procedure Code
CTY	X 02	County
CRN-DAT	X 08	Receipt Date
OPFS	U Z 9.2	OPFS Price
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
POLICY	X 01	Policy Indicator
LAST-MOD-DAT	X 08	Record Last Modified Date
LAST-MOD-TIME	X 08	Record Last Modified Time
LAST-MOD-USR	X 03	Record Last Modified User
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time
REC-ADDED-USR	X 03	Record Added User

MASTER KEY- RF-PROC-OPFS-PRC		
PROC	X 05	Procedure Code
CTY	X 02	County
CRN-DAT	X 08	Receipt Date
END-DAT	X 08	End Date
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time

SECONDARY KEY - RF-PROC-OPFS-PRC		
STA-CD	X 01	Record Status
PROC	X 05	Procedure Code
CTY	X 02	County
CRN-DAT	X 08	Receipt Date
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date

6.2.1.2 New Procedure OPFS Indicators table

SYSTEM: REF DB-NAME: OPI DBID: 134

See new Reference screen RF127 section 6.2.2.4

NEW DATA VIEWS

RF-PROC-OPFS-IND-R	Read
RF-PROC-OPFS-IND-U	Update

TABLE LAYOUT - RF-PROC-OPFS-IND

STA-CD	X 01	Record Status
PROC	X 05	Procedure Code
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
MDC-CVG-IND	X 01	Medicare Coverage Indicator
TPL-IND	X 01	Third Party Liability Indicator
CNF-IND	X 01	Confidential Services Indicator
FAM-PLN-IND	X 01	Family Planning Indicator
STER-IND	X 01	Sterilization Indicator
ABR-IND	X 01	Abortion Indicator
EPSDT-IND	X 01	EPSDT Indicator
PROC-MAX-OCC	X 03	Procedure Daily Maximum
SEX	X 01	Gender
MIN-AGE		Minimum Age Group
MIN-AGE-DUR	X 03	Minimum Age Duration
MIN-AGE-TYP	X 01	Minimum Age Type
MAX-AGE		Maximum Age Group
MAX-AGE-DUR	X 03	Maximum Age Duration
MAX-AGE-TYP	X 01	Maximum Age Type
LMT1	X 03	1 st Limit
FREQ1		1 st Frequency Group
FREQ1-VAL	X 03	1 st Frequency Value
FREQ1-CD	X 01	1 st Frequency Code
LMT2	X 03	2 nd Limit
FREQ2		2 nd Frequency Group
FREQ2-VAL	X 03	2 nd Frequency Value
FREQ2-CD	X 01	2 nd Frequency Code
LAST-MOD-DAT	X 08	Record Last Modified Date
LAST-MOD-TIME	X 08	Record Last Modified Time
LAST-MOD-USR	X 03	Record Last Modified User
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time
REC-ADDED-USR	X 03	Record Added User

MASTER KEY - RF-PROC-OPFS-IND

PROC	X 05	Procedure Code
END-DAT	X 08	End Date
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time

SECONDARY KEY - RF-PROC-OPFS-IND		
STA-CD	X 01	Record Status
PROC	X 05	Procedure Code
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date

6.2.1.3 New CCI Edits Table

SYSTEM: REF DB-NAME: RCC DBID: 134

See new Reference screen RF128 section 6.2.2.5

NEW DATA VIEWS	
RF-PROC-CCI-R	Read
RF-PROC-CCI-U	Update

TABLE LAYOUT - RF-PROC-CCI		
STA-CD	X 01	Record Status
PROC-PRIMARY	X 05	Primary Procedure Code
PROC-COMPONENT	X 05	Component Procedure Code
MOD-IND	X 01	Modifier Indicator
FORM-TYPE	X 01	Form Type
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
LAST-MOD-DAT	X 08	Record Last Modified Date
LAST-MOD-TIME	X 08	Record Last Modified Time
LAST-MOD-USR	X 03	Record Last Modified User
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time
REC-ADDED-USR	X 03	Record Added User

MASTER KEY - RF-PROC-CCI		
PROC-PRIMARY	X 05	Primary Procedure Code
PROC-COMPONENT	X 05	Component Procedure Code
FORM-TYPE	X 01	Form Type
BEG-DAT	X 08	Begin Date
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time

SECONDARY KEY 1 - RF-PROC-CCI		
STA-CD	X 01	Record Status
PROC-PRIMARY	X 05	Primary Procedure Code
PROC-COMPONENT	X 05	Component Procedure Code
FORM-TYPE	X 01	Form Type
BEG-DAT	X 08	Begin Date

SECONDARY KEY 2 - RF-PROC-CCI		
STA-CD	X 01	Record Status

FORM-TYPE	X 01	Form Type
PROC-COMPONENT	X 05	Component Procedure Code
BEG-DAT	X 08	Begin Date
MOD-IND	X 01	Modifier Indicator

6.2.1.4 New OPFS Bundled Revenue Codes table

There will be no need to create a new table or maintenance programs. The record data format matches an existing generic table therefore it will be added to the RFGD3UC table and the new transaction and screen heading will be added to the Generic table of tables maintenance screen linked to the RFGD3UC table.

See new Reference screen RF796 section 6.2.2.7

GENERIC TABLE LAYOUT – RFGD3UC		
STA-CD	X 01	Record Status
TBL-TYP	X 05	RF796
TBL-CD	X 03	Revenue Code
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
TBL-DESC	X 80	Revenue Description

6.2.1.5 New Multiple Surgery Exception table

SYSTEM: REF DB-NAME: SUR DBID: 131

See new Reference screen RF789 section 6.2.2.9

NEW DATA VIEWS	
RF-PROC-SURG-XCP-R	Read
RF-PROC-SURG-XCP-U	Update

TABLE LAYOUT - RF-PROC-SURG-XCP		
STA-CD	X 01	Record Status
PROC	X 05	Procedure Code
SRC-IND	X 01	Source Indicator
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
LAST-MOD-DAT	X 08	Record Last Modified Date
LAST-MOD-TIME	X 08	Record Last Modified Time
LAST-MOD-USR	X 03	Record Last Modified User
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time
REC-ADDED-USR	X 03	Record Added User

MASTER KEY - RF-PROC-SURG-XCP

PROC	X 05	Procedure Code
SRC-IND	X 01	Source Indicator
END-DAT	X 08	End Date
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time

SECONDARY KEY - RF-PROC-SURG-XCP		
STA-CD	X 01	Record Status
PROC	X 05	Procedure Code
SRC-IND	X 01	Source Indicator
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date

6.2.1.6 New OPFS Bundled Driver Table

SYSTEM: REF DB-NAME: RBP DBID: 131

See new Reference screen RF797 section 6.2.2.8

NEW DATA VIEWS	
RF-PROC-OPFS-DR-R	Read
RF-PROC-OPFS-DR-U	Update

TABLE LAYOUT - RF-PROC-OPFS-DR		
STA-CD	X 01	Record Status
PROC-FROM	X 05	Procedure Code From
PROC-TO	X 05	Procedure Code To
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
LAST-MOD-DAT	X 08	Record Last Modified Date
LAST-MOD-TIME	X 08	Record Last Modified Time
LAST-MOD-USR	X 03	Record Last Modified User
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time
REC-ADDED-USR	X 03	Record Added User

MASTER KEY - RF-PROC-OPFS-DR		
PROC-FROM	X 05	Procedure Code From
PROC-TO	X 05	Procedure Code To
END-DAT	X 08	End Date
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time

SECONDARY KEY - RF-PROC-OPFS-DR		
---------------------------------	--	--

STA-CD	X 01	Record Status
PROC-FROM	X 05	Procedure Code From
PROC-TO	X 05	Procedure Code To
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date

6.2.1.7 New Limit Override Modifiers table

SYSTEM: REF DB-NAME: LOM DBID: 134

See new Reference screen RF723 section 6.2.2.10

NEW DATA VIEWS	
RF-MOD-OVER-LMT-R	Read
RF-MOD-OVER-LMT-U	Update

TABLE LAYOUT - RF-MOD-OVER-LMT		
STA-CD	X 01	Record Status
MOD	X 02	Modifier
ACT-CODE	X 02	Action Code
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
LAST-MOD-DAT	X 08	Record Last Modified Date
LAST-MOD-TIME	X 08	Record Last Modified Time
LAST-MOD-USR	X 03	Record Last Modified User
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time
REC-ADDED-USR	X 03	Record Added User

MASTER KEY- RF-MOD-OVER-LMT		
MOD	X 02	Modifier
ACT-CODE	X 02	Action Code
END-DAT	X 08	End Date
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time

SECONDARY KEY - RF-MOD-OVER-LMT		
STA-CD	X 01	Record Status
MOD	X 02	Modifier
ACT-CODE	X 02	Action Code
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date

6.2.1.8 New Limit Override Modifier Action Codes table

There will be no need to create a new table or maintenance programs. The record data format matches an existing generic table therefore it will be added to the RFGD2UC table and the new transaction and screen heading will be added to the Generic table of tables maintenance screen linked to the RFGD2UC table.

See new Reference screen RF725 section 6.2.2.11

GENERIC TABLE LAYOUT – RFGD2UC		
STA-CD	X 01	Record Status
TBL-TYP	X 05	RF725
TBL-CD	X 02	Action Code
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
TBL-DESC	X 80	Action Description

6.2.1.9 New Valid OPFS Procedure Modifier table

SYSTEM: REF DB-NAME: VOM DBID: 134

See new Reference screen RF121 section 6.2.2.3

NEW DATA VIEWS	
RF-PROC-MOD-OPFS-R	Read
RF-PROC-MOD-OPFS-U	Update

TABLE LAYOUT - RF-PROC-MOD-OPFS		
STA-CD	X 01	Record Status
PROC	X 05	Procedure Code
PROC-MOD	X 02	Procedure Modifier
PMT-TYP	X 01	Payment Type
AMT	U Z 7.4	Amount
CRN-DAT	X 08	Claim Receipt Date
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date
LAST-MOD-DAT	X 08	Record Last Modified Date
LAST-MOD-TIME	X 08	Record Last Modified Time
LAST-MOD-USR	X 03	Record Last Modified User
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time
REC-ADDED-USR	X 03	Record Added User

MASTER KEY - RF-PROC-MOD-OPFS		
PROC	X 05	Procedure Code
PROC-MOD	X 02	Procedure Modifier
CRN-DAT	X 08	Claim Receipt Date
REC-ADDED-DAT	X 08	Record Added Date
REC-ADDED-TIME	X 08	Record Added Time

SECONDARY KEY 1- RF-PROC-MOD-OPFS		
STA-CD	X 01	Record Status
PROC	X 05	Procedure Code
PROC-MOD	X 02	Procedure Modifier
CRN-DAT	X 08	Claim Receipt Date
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date

SECONDARY KEY 2 - RF-PROC-MOD-OPFS		
PROC	X 05	Procedure Code
STA-CD	X 01	Record Status
PROC-MOD	X 02	Procedure Modifier
CRN-DAT	X 08	Claim Receipt Date
BEG-DAT	X 08	Begin Date
END-DAT	X 08	End Date

6.2.2 ADD NEW ONLINE PROCESSES

- Modify all NEW program logs deleting all log entries except for version number one.
 - SSR # 2003-0615-03
 - Promote date 02/01/05
 - Enter “ORIGINAL” under description of change
- RF100 - UPDATE Procedure Codes Menu
 - Program RF01M000
- RF121 – NEW Valid OPFS Procedure Modifiers
 - Program RF01L021
 - Program RF01L121
 - Program RF01L221
 - Program RF01L321
- RF126 – NEW Procedure OPFS Price
 - Program RF01L026
 - Program RF01L126
 - Program RF01L226
 - Program RF01L326
- RF127 – NEW Procedure OPFS Indicators & Values
 - Program RF01L027
 - Program RF01L227
- RF128 – NEW CCI Edits
 - Program RF01L028
 - Program RF01L228
- RF700 – UPDATE Encounters/Claims Menu
 - Program RF07M000
- RF723 – NEW Limit Override Modifiers Table
 - Program RF07L023
 - Program RF07L223
- RF725 – NEW Override Modifier Action Codes
 - Generic programs – no coding required
- RF789 – NEW Multiple Surgery Exception Table
 - Program RF07L089
 - Program RF07L289
- RF796 – NEW OPFS Revenue Codes
 - Generic programs – no coding required
- RF797 – NEW OPFS Bundled Rate Driver Table
 - Program RF07L097
 - Program RF07L297

6.2.2.1 RF100 – PROCEDURE CODES MENU

TR: RF100	AHCCCS - REFERENCE	01/05/05
NTR: _____	PROCEDURE MENU	21:05:49
		RF01M000
1 AHCCCS COVERAGE	(RF102)	
2 CCI EDITS	(RF128)	
3 CLASSIFICATION	(RF109)	
4 CODING METHOD	(RF111)	
5 DENTAL ORAL CAVITY	(RF104)	
6 DENTAL SURFACE	(RF105)	
7 DENTAL TOOTH CODE	(RF106)	
8 HCPCS LONG DESCRIPTION INQUIRY	(RF118)	
9 HCPCS MODIFIER LONG DESCRIPTION INQUIRY	(RF120)	
10 ICD9 PROCEDURE ADD LOOP	(RF150)	
11 ICD9 PROCEDURE AHCCCS COVERAGE	(RF153)	
12 ICD9 PROCEDURE CODE	(RF151)	
13 ICD9 PROCEDURE PRIOR AUTHORIZATION	(RF154)	
14 ICD9 PROCEDURE SPECIAL PROCESS PARM	(RF152)	
15 LABORATORY INDICATOR	(RF156)	
16 MODIFIERS	(RF114)	
ENTER SELECTION: __ ACT: __ <MORE>		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT	9=SRT	12=ESC

TR: RF100	AHCCCS - REFERENCE	01/05/05
NTR: _____	PROCEDURE MENU	21:07:32
		RF01M000
17 MODIFIERS AMOUNT/PERCENT	(RF119)	
18 PLACE OF SERVICE	(RF107)	
19 PROCEDURE ADD LOOP	(RF101)	
20 PROCEDURE AHCCCS COVERAGE	(RF123)	
21 PROCEDURE DENTAL	(RF103)	
22 PROCEDURE DESCRIPTION	(RF110)	
23 PROCEDURE INDICATORS AND VALUES	(RF113)	
24 PROCEDURE MAXIMUM ALLOWABLE CHARGE	(RF112)	
25 PROCEDURE OPFS INDICATORS AND VALUES	(RF127)	
26 PROCEDURE OPFS PRICE	(RF126)	
27 PROCEDURE PLACE OF SERVICE (UB)	(RF125)	
28 PROCEDURE PLACE OF SERVICE (1500)	(RF115)	
29 PROCEDURE PRIOR AUTHORIZATION	(RF124)	
30 PROCEDURE SPECIAL PROCESS PARM	(RF116)	
31 PROCEDURE SPECIALTY	(RF117)	
32 PROCEDURE VALID MODIFIERS	(RF122)	
ENTER SELECTION: __ ACT: __ <MORE>		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT	9=SRT	12=ESC

TR: RF100	AHCCCS - REFERENCE	01/05/05
NTR: _____	PROCEDURE MENU	21:08:43
		RF01M000
33 PROCEDURE VALID OPFS MODIFIERS		(RF121)
ENTER SELECTION: __ ACT: __ <END>		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 9=SRT 12=ESC		

RF01M000 – MENU PROGRAM TECHNICAL SPEC:

- Modify this program to handle multi-page menus.
- Clone program RF05M000 and enter RF01M000 menu selections with corresponding transactions into the program work table SEL-NAME
- Modify MAX-OCCURS and SEL-NAME occurs to match current number of selectable menu items.

Clone panel RF01P000 and change panel heading to PROCEDURE MENU

6.2.2.2 RF126 - PROCEDURE OPFS PRICE SCREEN LAYOUT

3011 BOTTOM OF LIST		AHCCCS - REFERENCE		04/30/04
TR: RF126	ACT: I	PROCEDURE OPFS PRICE		17:40:22
NTR: _____				RF01L026
PROCEDURE CODE: D3352 BEG DAT: 01/01/1992 END DAT: 99/99/9999 STATUS: C				
PROCEDURE DESCRIPTION: APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLAC				
START AT CODE: __ REC DAT: _____ BEG DAT: _____ END DAT: _____				
CTY	RECEIPT	OPFS	BEGINNING	ENDING
CODE COUNTY DESCRIPTION	DATE	AMOUNT	DATE	DATE
99 STATEWIDE (FOR PRICIN	01/01/2005	82.99	01/01/2005	99/99/9999
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC				

RF01L026 - INQUIRY PROGRAM TECHNICAL SPEC:

- Create new panel RF01P026 cloned from panel RF01P006
 - Remove panel field PLC-SER and associated heading
 - Change panel main-heading to “PROCEDURE OPFS PRICE”
- Create new program RF01L026 cloned from program RF01L006
- Make global change to program logic changing all references to RF-PROC-MAC to RF-PROC-OPFS-PRICE
- Make global change to program logic changing all references to RF01L006 to RF01L026
- Remove all program logic referencing PLC-SER
- Make global change to program logic changing all references to RF01P006 to RF01P026
- Add panel RF01P026 to Resource Section
- Remove panel RF01P006 from Resource Section
- Add dataviews RF-PROC-OPFS-PRICE to Resource Section
- Remove dataviews RF-PROC-MAC from Resource Section

RF01L126 - ADD PROGRAM TECHNICAL SPEC:

- Create new program RF01L126 cloned from program RF01L106
- Make global change to program logic changing all references to RF-PROC-MAC to RF-PROC-OPFS-PRICE
- Make global change to program logic changing all references to RF01L106 to RF01L126
- Remove all program logic referencing PLC-SER
- Make global change to program logic changing all references to RF01P106 to RF01P026
- Add panel RF01P026 to Resource Section
- Remove panel RF01P106 from Resource Section
- Add dataviews RF-PROC-OPFS-PRICE to Resource Section
- Remove dataviews RF-PROC-MAC from Resource Section

RF01L226 - CHANGE PROGRAM TECHNICAL SPEC:

- Create new program RF01L226 cloned from program RF01L206
 -
- Make global change to program logic changing all references to RF-PROC-MAC to RF-PROC-OPFS-PRICE
- Make global change to program logic changing all references to RF01L206 to RF01L226
- Remove all program logic referencing PLC-SER
- Make global change to program logic changing all references to RF01P206 to RF01P026
- Add panel RF01P026 to resource section
- Remove panel RF01P206 from Resource Section
- Add dataviews RF-PROC-OPFS-PRICE to Resource Section
- Remove dataviews RF-PROC-MAC from Resource Section

RF01L326 - DELETE PROGRAM TECHNICAL SPEC:

- Create new program RF01L326 cloned from program RF01L306
- Make global change to program logic changing all references to RF-PROC-MAC to RF-PROC-OPFS-PRICE
- Make global change to program logic changing all references to RF01L306 to RF01L326
- Remove all program logic referencing PLC-SER
- Make global change to program logic changing all references to RF01P306 to RF01P026
- Add panel RF01P026 to resource section
- Remove panel RF01P306 from Resource Section
- Add dataviews RF-PROC-OPFS-PRICE to Resource Section
- Remove dataviews RF-PROC-MAC from Resource Section

6.2.2.3 RF121 - VALID OPFS PROCEDURE MODIFIERS

TR: RF121 ACT: I	AHCCCS - REFERENCE	01/05/05
NTR: _____	VALID OPFS PROCEDURE MODIFIERS	21:41:01
		RF01L021

PROCEDURE CODE: D3352 BEG DAT: 01/01/1992 END DAT: 99/99/9999 STATUS: C
 PROCEDURE DESCRIPTION: APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLAC

START AT CODE: __ REC DAT: _____ BEG DAT: _____ END DAT: _____

VALID PROC MOD MODIFIER DESCRIPTION	AP IND	AMOUNT/ PERCENT	CLAIM RECEIPT DATE	BEGINNING DATE OF SERVICE	ENDING DATE OF SERVICE
GB DISTINCT PROCEDURAL S	P	1.0000	12/01/1990	01/01/1997	03/31/1997
GC TEACHING PHYSICIAN SE	P	1.0000	12/01/1990	01/01/1997	99/99/9999
Q6 LOCUM TENENS	P	1.0000	01/01/1999	01/01/1999	99/99/9999
22 UNUSUAL SERVICES	P	1.0000	01/01/1999	01/01/1999	99/99/9999
52 REDUCED SERVICES	P	1.0000	01/01/1999	01/01/1999	99/99/9999
59 DISTINCT PROCEDURAL S	P	1.0000	12/01/1990	01/01/1997	99/99/9999
76 REPEAT PROCEDURE/SAME	P	1.0000	01/01/1999	01/01/1999	99/99/9999
77 REPEAT PROCEDURE/ANOT	P	1.0000	01/01/1999	01/01/1999	99/99/9999

PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC

RF01L021 - INQUIRY PROGRAM TECHNICAL SPEC:

- Create new panel RF01P021 cloned from panel RF01P011
 - Remove panel field PLC-SER and associated heading
 - Change panel main-heading to “VALID OPFS PROCEDURE MODIFIERS”
- Create new program RF01L021 cloned from program RF01L011
- Make global change to program logic changing all references to PROC-MOD-VLD to RF-PROC-MOD-OPFS
- Make global change to program logic changing all references to RF01L011 to RF01L021
- Remove all program logic referencing PLC-SER
- Make global change to program logic changing all references to RF01P011 to RF01P021
- Add panel RF01P021 to Resource Section
- Remove panel RF01P011 from Resource Section
- Add dataviews RF-PROC-MOD-OPFS to Resource Section
- Remove dataviews PROC-MOD-VLD from Resource Section

RF01L121 - ADD PROGRAM TECHNICAL SPEC:

- Create new program RF01L121 cloned from program RF01L111
- Make global change to program logic changing all references to PROC-MOD-VLD to RF-PROC-MOD-OPFS
- Make global change to program logic changing all references to RF01L111 to RF01L121
- Remove all program logic referencing PLC-SER
- Make global change to program logic changing all references to RF01P111 to RF01P021
- Add panel RF01P021 to Resource Section
- Remove panel RF01P111 from Resource Section
- Add dataviews RF-PROC-MOD-OPFS to Resource Section
- Remove dataviews PROC-MOD-VLD from Resource Section

RF01L221 - CHANGE PROGRAM TECHNICAL SPEC:

- Create new program RF01L221 cloned from program RF01L211
 -
- Make global change to program logic changing all references to PROC-MOD-VLD to RF-PROC-MOD-OPFS
- Make global change to program logic changing all references to RF01L211 to RF01L221
- Remove all program logic referencing PLC-SER
- Make global change to program logic changing all references to RF01P211 to RF01P021
- Add panel RF01P021 to resource section
- Remove panel RF01P211 from Resource Section
- Add dataviews RF-PROC-MOD-OPFS to Resource Section
- Remove dataviews PROC-MOD-VLD from Resource Section

RF01L321 - DELETE PROGRAM TECHNICAL SPEC:

- Create new program RF01L321 cloned from program RF01L311
- Make global change to program logic changing all references to PROC-MOD-VLD to RF-PROC-MOD-OPFS
- Make global change to program logic changing all references to RF01L311 to RF01L321
- Remove all program logic referencing PLC-SER
- Make global change to program logic changing all references to RF01P311 to RF01P021
- Add panel RF01P021 to resource section
- Remove panel RF01P311 from Resource Section
- Add dataviews RF-PROC-MOD-OPFS to Resource Section
- Remove dataviews PROC-MOD-VLD from Resource Section

6.2.2.4 RF127 - PROCEDURE OPFS INDICATORS AND VALUES

TR: **RF127** ACT: I AHCCCS - REFERENCE 05/25/04
NTR: _____ **PROCEDURE OPFS INDICATORS AND VALUES** 10:43:31
RF01L027
START AT PROC: _____ BEG DAT: _____ END DAT: _____ ADD: 05/06/2004

PROCEDURE CODE: D3352 BEG DAT: 01/01/1992 END DAT: 99/99/9999 STATUS: C
PROCEDURE DESCRIPTION: APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLA

MEDICARE COVERAGE: N _____
THIRD PARTY LIABILITY: N _____
SEX: _____
CONFIDENTIAL SERVICES: N **PROCEDURE DAILY MAXIMUM: 003**
FAMILY PLANNING: N _____
STERILIZATION: N _____
ABORTION: N
EPSDT: N **MINIMUM AGE: 000 Y**

LIMIT 1: 1 **MAXIMUM AGE: 999 Y**
LIMIT 2: **FREQUENCY 1: 1 L**
FREQUENCY 2:

PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC

RF01L027 - INQUIRY PROGRAM TECHNICAL SPEC:

- Create new panel RF01P027 cloned from panel RF01P004
 - Remove following panel fields and associated heading MAN-PRC-IND, RLTV-VAL, MDC-CVG-MAX-AMT, ANS-VAL, ANS-MAX-VAL, FUP-DAY, and POP-DAY.
 - Change panel main-heading to “PROCEDURE OPFS INDICATORS AND VALUES”
- Create new program RF01L027 cloned from program RF01L004
- Make global change to program logic changing all references to RF-PROC to RF-PROC-OPFS-IND
- Make global change to program logic changing all references to RF01L004 to RF01L027
- Remove all program logic, referencing fields MAN-PRC-IND, RLTV-VAL, MDC-CVG-MAX-AMT, ANS-VAL, ANS-MAX-VAL, FUP-DAY, and POP-DAY.
- Make global change to program logic changing all references to RF01P004 to RF01P027
- Add panel RF01P027 to Resource Section
- Remove panel RF01P004 from Resource Section
- Add dataviews RF-PROC-OPFS-IND to Resource Section

- Remove dataviews RF-PROC from Resource Section

RF01L227 - CHANGE PROGRAM TECHNICAL SPEC:

- Create new panel RF01P227 cloned from panel RF01P204
 - Remove following panel fields and associated heading MAN-PRC-IND, RLTV-VAL, MDC-CVG-MAX-AMT, ANS-VAL, ANS-MAX-VAL, FUP-DAY, and POP-DAY.
 - Change panel main-heading to “PROCEDURE OPFS INDICATORS AND VALUES”
- Create new program RF01L227 cloned from program RF01L204
- Make global change to program logic changing all references to RF-PROC-MAC to RF-PROC-OPFS-PRICE
- Make global change to program logic changing all references to RF01L204 to RF01L227
- Remove all program logic, referencing fields MAN-PRC-IND, RLTV-VAL, MDC-CVG-MAX-AMT, ANS-VAL, ANS-MAX-VAL, FUP-DAY, and POP-DAY.
- Make global change to program logic changing all references to RF01P204 to RF01P227
- Add panel RF01P227 to resource section
- Remove panel RF01P204 from Resource Section
- Add dataviews RF-PROC-OPFS-IND to Resource Section
- Remove dataviews RF-PROC from Resource Section

6.2.2.5 RF128 - CCI EDITS

TR: RF128 ACT: C	AHCCCS - REFERENCE	05/03/04
NTR: _____	CCI EDITS	19:58:30
		RF01L228

START: _____

SEL	PRIMARY PROC	COMPNT PROC	MOD IND	FORM	POL	BEG	DATE	X	END DATE	LAST MOD	USR
—	99201	43752	0	B	I	04/01/2002	99/99/9999		08/01/00	BAT	
—	99201	43752	0	B	I	04/01/2002	99/99/9999		08/01/00	BAT	
—	99201	43752	0	B	I	04/01/2002	99/99/9999		08/01/00	BAT	
—	99201	43752	0	B	I	04/01/2002	99/99/9999		08/01/00	BAT	
—	99201	80500	1	B	I	07/01/1999	99/99/9999		08/01/00	BAT	
—	99283	92014	1	B	I	07/01/1999	99/99/9999		08/01/00	BAT	
—	99283	94656	1	B	I	07/01/1999	99/99/9999		08/01/00	BAT	
—	99283	94657	1	B	I	07/01/1999	99/99/9999		08/01/00	BAT	

PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC

RF01L228 - PROGRAM TECHNICAL SPEC:

- Create new multifunctional program RF01L228
 - Display and maintain table RF-PROC-CCI mapping fields to panel RF01P228
 - Validate entered panel fields Primary Procedure & Secondary Procedure Code against table RF-PROC-R
 - Overlapping dates for same Form Type, Primary Procedure, Component Procedure not allowed
 - Valid Form Types:
 - 'B' – CCI Source for Outpatient UB92
 - 'A' – CCI Source for 1500
 - Valid Policy – Source *NATIONAL CORRECT CODING POLICY MANUAL FOR PART B MEDICARE CARRIERS version 10.3*
 - 'B' – Coding Based on Standards of Medical/Surgical Practice
 - 'F' – Standard Preparation/Monitoring Services
 - 'G' – Anesthesia Service Included in the Surgical Procedure
 - 'H' – HCPCS/CPT Procedure Code Definition
 - 'I' – HCPCS/CPT Coding Manual Instruction/Guideline
 - 'J' – Separate Procedure
 - 'L' – More Extensive Procedure
 - 'M' – Sequential Procedure
 - 'N' – Laboratory Panel
 - 'O' – Misuse of Column 2 Code with Column 1 Code
 - 'P' – Mutually Exclusive Procedure
 - 'Q' – Gender-Specific Procedure (formerly Designation of Sex)

- Valid Modifier Indicators are '0' – No Modifier Allowed - will not bypass edit; '1' – CCI Modifier is allowed - will bypass edit. This will indicate whether the procedure can be bypassed but only for claims with procedures containing modifiers '22', '25', '58' and '59' as specified on the RF723 table.
- Include PF9 online report request functionality in Inquiry mode
- Include standard Start-At and Filter online search functions

RF07L028 – REPORT PROGRAM TECHNICAL SPEC:

- Create new report program RF07L028
 - Executed from PF9 function in online program RF07L228 in Inquiry mode
 - Selection criteria passed from online program RF07L228 will be used to read and map selected records from table RF-PROC-OPFS-DR-U to report RF07R028 which will be directed for printing to the online user's default printer defined in the Security system
 - Requestors name is printed atop each page

6.2.2.6 RF700 – ENCOUNTER/CLAIMS REFERENCE MENU

TR: RF700	AHCCCS - REFERENCE	08/05/04
NTR: _____	ENCOUNTER/CLAIMS MENU	16:37:34
		RF07M000
1 ACTION ITEM TYPE	(RFC01)	
2 ACTIVITY TYPE	(RFC02)	
3 ADJUDICATION LEVEL	(RF738)	
4 ADJUDICATION STATUS	(RF748)	
5 ADJUSTMENT REASON	(RF702)	
6 ADMISSION SOURCE	(RF703)	
7 ADMISSION TYPE	(RF704)	
8 ANNUAL BED DAY	(RF765)	
9 AUTHORIZATION TYPE	(RF743)	
10 AVERAGE DAILY HOSPITAL CHARGE	(RF705)	
11 BILL TYPE	(RF706)	
12 BILL TYPE TO FORM TYPE	(RF786)	
13 CAPITATION RATE VALUE	(RF707)	
14 CCL EDIT CODES	(RF772)	
15 CLAIM EDIT TYPE	(RFC03)	
16 CLAIM FUNCTIONS	(RFC06)	
ENTER SELECTION: ____ ACT: _		<MORE>
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT		9=SRT 12=ESC

TR: RF700	AHCCCS - REFERENCE	08/05/04
NTR: _____	ENCOUNTER/CLAIMS MENU	16:38:13
		RF07M000
17 COMB AUDIT DOLLAR AMT CONTROL	(RF737)	
18 COMB AUDIT LIMIT TYPE	(RF736)	
19 COMB AUDIT MODIFIER LIMITS	(RF735)	
20 CONDITION	(RF708)	
21 CORRESPONDENCE LOG ACTION	(RFC08)	
22 CORRESPONDENCE REQUEST TYPE	(RFC09)	
23 CRITERIA CODES	(RFC11)	
24 CUTBACK REASON	(RF709)	
25 DENIAL REASON	(RF710)	
26 DL TYPE	(RF761)	
27 DL/RI DENIAL REASON	(RF768)	
28 DL/RI NOTIFICATION STATUS	(RF730)	
29 DOCUMENTATION TYPE	(RFC12)	
30 EC DOCUMENT	(RF722)	
31 EDIT STATUS	(RF752)	
32 ENCOUNTER/CLAIM INPUT MEDIA	(RF734)	
ENTER SELECTION: ____ ACT: _		<MORE>
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT		9=SRT 12=ESC

TR: RF700	AHCCCS - REFERENCE	08/05/04
NTR: _____	ENCOUNTER/CLAIMS MENU	16:38:49
		RF07M000

33	ENCOUNTER/CLAIM LOCATION	(RF711)
34	ENCOUNTER/CLAIM TYPE	(RF712)
35	EPSDT SCREENING/REFERRAL TYPE	(RF740)
36	FEDERAL DRAW REPORT CODES	(RF795)
37	FFP TABLE	(RF785)
38	FORCE PEND	(RF753)
39	FORM TYPE	(RF754)
40	FORM 1500 PATIENT STATUS	(RF759)
41	FREQUENCY	(RF713)
42	HCPCS MILEAGE TRANS CODES	(RF787)
43	HEALTH PLAN/PROV TAPE SUPPLIER	(RF770)
44	HIPAA REMARK CODES	(RF794)
45	HOSPITAL DISCOUNT	(RF783)
46	INSURED COVERAGE	(RF714)
47	INSURED RELATIONSHIP	(RF715)
48	LIMIT OVERRIDE MODIFIERS	(RF723)

ENTER SELECTION: ____ ACT: _ <MORE>

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 9=SRT 12=ESC

TR: RF700	AHCCCS - REFERENCE	08/05/04
NTR: _____	ENCOUNTER/CLAIMS MENU	16:39:24
		RF07M000

49	LTC CODE	(RF719)
50	MANUAL PRICING	(RF728)
51	MEDICAL CATEGORIES OF SERVICE	(RF769)
52	MISSING DOCUMENT REASON	(RF733)
53	MULTIPLE SURGERY EXCEPTION CODES	(RF789)
54	OCCURRENCE SPAN	(RF746)
55	OPFS BUNDLED RATE DRIVER CODES	(RF797)
56	OPFS BUNDLED REVENUE CODES	(RF796)
57	OVERRIDE MODIFIER ACTION CODES	(RF725)
58	OVERRIDE REASON	(RF747)
59	OVERRIDE TYPE	(RF764)
60	PA DENIAL REASON	(RF751)
61	PA DETAIL STATUS	(RF732)
62	PA MASTER STATUS	(RF731)
63	PAYMENT 1	(RF756)
64	PAYMENT 2	(RF757)

ENTER SELECTION: ____ ACT: _ <MORE>

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 9=SRT 12=ESC

TR: RF700	AHCCCS - REFERENCE	08/05/04
NTR: _____	ENCOUNTER/CLAIMS MENU	16:39:52
		RF07M000

65	PAYMENT 3	(RF758)
66	PREMIUM TAX	(RF718)
67	PRICING METHOD	(RFC14)
68	PRICING TYPE	(RFC15)
69	PRIOR AUTHORIZATION	(RF766)
70	PRIOR AUTHORIZATION EVENT TYPE	(RFC16)
71	PROCEDURE COVERAGE CODE TYPES	(RF788)
72	PROCESSING PARAMETER	(RF744)
73	PROVIDER MNEMONIC	(RF767)
74	REASON CODE	(RFC18)
75	RECEIVED VALUES	(RFC07)
76	REFERRAL	(RF720)
77	REVENUE CODES	(RF721)
78	REVENUE CODES TO BILL TYPES	(RF774)
79	REVENUE CODES TO PROCEDURE CODES	(RF773)
80	RI - CONTRACT YEAR	(RF777)

ENTER SELECTION: ____ ACT: _ <MORE>

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 9=SRT 12=ESC

TR: RF700	AHCCCS - REFERENCE	08/05/04
NTR: _____	ENCOUNTER/CLAIMS MENU	16:40:21
		RF07M000

81	RI - RI CASE STAGE STATUS	(RF784)
82	RI - RI CASE TYPE	(RF776)
83	RI - RI CATEGORY	(RF790)
84	RI - RI COVERAGE	(RF745)
85	RI - RI COVERAGE TYPE	(RF791)
86	RI - RI ENCOUNTER STATUS	(RF779)
87	RI - RI ENRL CATEGORY BY CONTRACT TYPE	(RF782)
88	RI - RI HEALTH PLAN SPECIAL PROCESS	(RF780)
89	RI - RI METRO COUNTY	(RF781)
90	RI - RI STAGE PAYMENT AMORTIZATION	(RF716)
91	RI - RI TRANSPLANT STAGE	(RF778)
92	RI - RI TYPE	(RF762)
93	SPECIAL HANDLING CONDITIONS	(RFC19)
94	STANDARD SERVICE SET	(RF724)
95	STATUS CODES	(RFC20)
96	SUBCAPITATED CODE	(RF775)

ENTER SELECTION: ____ ACT: _ <MORE>

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 9=SRT 12=ESC

TR: RF700	AHCCCS - REFERENCE	08/05/04
NTR: _____	ENCOUNTER/CLAIMS MENU	16:41:18
		RF07M000
97 TAPE SUPPLIER ID	(RF760)	
98 TRANSPLANT	(RF750)	
99 TYPE OF UNITS	(RF749)	
100 UB82 OCCURRENCE	(RF726)	
101 UB82 PATIENT STATUS	(RF717)	
102 VACCINE ADMIN HCPCS	(RF792)	
103 VALUE	(RF727)	
104 WORK TYPE	(RFC21)	
105 WORKER ROLE	(RFC22)	
ENTER SELECTION: ____ ACT: _ <END>		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 9=SRT 12=ESC		

RF07M000 – MENU PROGRAM TECHNICAL SPEC:

- Modify this program to handle multi-page menus.
- Clone program RF05M000 and enter RF07M000 menu selections with corresponding transactions into the program work table SEL-NAME
- Modify MAX-OCCURS and SEL-NAME occurs to match current number of selectable menu items.
- Clone panel RF05P000 and change panel heading to ENCOUNTER/CLAIMS MENU.

6.2.2.7 RF796 - OPFS BUNDLED REVENUE CODES

TR: RF796	ACT: I	AHCCCS - REFERENCE	USER ID: 0B1	05/03/04
NTR:		OPFS BUNDLED REVENUE CODES		19:58:30
				RF00L223
SORTED BY CODE				
CODE	DESCRIPTION	BEG DATE	END DATE	LAST MOD USR
250	PHARMACY	01/01/05	99/99/99	05/03/04 0B1
251	GENERIC	01/01/05	99/99/99	05/03/04 0B1
252	NONGENERIC	01/01/05	99/99/99	05/03/04 0B1
254	PHARMACY INCIDENT TO OTHER DIAGNOSTIC	01/01/05	99/99/99	05/03/04 0B1
255	PHARMACY INCIDENT TO RADIOLOGY	01/01/05	99/99/99	05/03/04 0B1
257	NON-PRESCRIPTION DRUGS	01/01/05	99/99/99	05/03/04 0B1
258	IV SOLUTIONS	01/01/05	99/99/99	05/03/04 0B1
259	OTHER PHARMACY	01/01/05	99/99/99	05/03/04 0B1
260	IV THERAPY, GENERAL CLASS	01/01/05	99/99/99	05/03/04 0B1
262	IV THERAPY, PHARMACY SERVICES	01/01/05	99/99/99	05/03/04 0B1
700	CAST ROOM	01/01/05	99/99/99	05/03/04 0B1
709	OTHER CAST ROOM	01/01/05	99/99/99	05/03/04 0B1
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC				

Create new generic transaction RF796 table type D3.

❖ TABLE MAINTENANCE

Add new security transaction RF796

Add new generic transaction RF796 to table of tables RF098

The user will be responsible for entering all the Revenue codes listed on source document entitled “Services that will be Bundled into Surgery and Emergency Room Procedure Codes”.

6.2.2.8 RF797 - OPFS BUNDLED RATE DRIVER TABLE

TR: RF797 ACT: C	AHCCCS - REFERENCE		USER ID: 0B1	05/03/04
NTR: _____	OPFS BUNDLED RATE DRIVER CODES			19:58:30
				RF07L297
START AT: _____				
	FROM PROC	TO PROC	BEG DATE	X END DATE
SEL				LAST MOD USR
-	99281	99285	01/01/2005	99/99/9999 12/13/04 0B1
-	15920	15958	01/01/2005	99/99/9999 12/13/04 0B1
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC				

RF07L297 – ONLINE MAINTENANCE PROGRAM TECHNICAL SPEC:

- Create new multifunctional program RF07L297
 - Create new panel RF07P297
 - Display and maintain table RF-PROC-OPFS-DR-U mapping fields to panel RF07P297
 - Validate entered panel fields From Procedure & To Procedure Code against table RF-PROC-R
 - Overlapping dates for same or overlapping Procedure From & Procedure To not allowed
 - Include PF9 online report request functionality in Inquiry mode
 - Include standard Start-At and Filter online search functions

RF07L097 – REPORT PROGRAM TECHNICAL SPEC:

- Create new report program RF07L097
 - Executed from PF9 function in online program RF07L297 in Inquiry mode
 - Selection criteria passed from online program RF07L297 will be used to read and map selected records from table RF-PROC-OPFS-DR-U to report RF07R097 which will be directed for printing to the online user's default printer defined in the Security system
 - Requestors name is printed atop each printed page

6.2.2.9 RF789 - MULTIPLE SURGERY EXCEPTION TABLE

TR: RF789 ACT: C	AHCCCS - REFERENCE	USER ID: 0B1	05/03/04
NTR: _____	MULTIPLE SURGERY EXCEPTION CODES		19:58:30
			RF07L289
START AT:	PROC	IND	BEG DATE X END DATE
SEL			LAST MOD USR
—	90471	M	01/01/2005 99/99/9999 12/13/04 0B1
—	90471	M	01/01/2005 99/99/9999 12/13/04 0B1
—	90471	M	01/01/2005 99/99/9999 12/13/04 0B1
—	99999	A	01/01/2005 99/99/9999 12/13/04 0B1
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC			

RF07L289 – ONLINE MAINTENANCE PROGRAM TECHNICAL SPEC:

- Create new multifunctional program RF07L289
 - Create new panel RF07P289
 - Display and maintain table RF-PROC-SURG-XCP-U mapping fields to panel RF07P289
 - Validate entered panel field Procedure Code against table RF-PROC-R
 - Valid entries for AHCCCS Indicator are; “A” AHCCCS – Indicates not used by Medicare but added by AHCCCS and “M” Medicare – Medicare Code (DEFAULT)
 - Overlapping dates for Procedure Code and Source Indicator not allowed
 - Include PF9 online report request functionality in Inquiry mode
 - Include standard Start-At and Filter online search functions
 -

RF07L089 – REPORT PROGRAM TECHNICAL SPEC:

- Create new report program RF07L089
 - Executed from PF9 function in online program RF07L289 in Inquiry mode
 - Selection criteria passed from online program RF07L289 will be used to read and map selected records from table RF-PROC-SURG-XCP-U to report RF07R089 which will be directed for printing to the online user’s default printer defined in the Security system
 - Requestors name is printed atop each printed page

6.2.2.10 RF723 - LIMIT OVERRIDE MODIFIERS

TR: RF723 ACT: C	AHCCCS - REFERENCE	05/03/04
NTR: _____	LIMIT OVERRIDE MODIFIERS	19:58:30
		RF07L223
START AT MOD: ____ ACTION: ____ BEGIN DATE: _____		
MOD DESCRIPTION	ACTION/REMARKS	BEG DATE X END DATE LAST MOD USR
SEL ____		
— AG ANESTHESIA FOR EMERG	01 OVERRIDE MUL	01/01/05 — 99/99/99 01/01/05 0B1
— RR RENTAL/DME	02 OVERRIDE FRE	01/01/05 99/99/99 01/01/05 0B1
— 50 BILATERAL PROCEDURE	01 OVERRIDE MUL	01/01/05 99/99/99 01/01/05 0B1
— 50 BILATERAL PROCEDURE	02 OVERRIDE FRE	01/01/05 99/99/99 01/01/05 0B1
— 59 DISTINCT PROCEDURAL	01 OVERRIDE MUL	01/01/05 99/99/99 01/01/05 0B1
— 62 TWO SURGEONS/DIFF	02 OVERRIDE FRE	01/01/05 99/99/99 01/01/05 0B1
— 66 SURGICAL TEAM	02 OVERRIDE FRE	01/01/05 99/99/99 01/01/05 0B1
— 79 UNRELATED POC/SVC, S	01 OVERRIDE MUL	01/01/05 99/99/99 01/01/05 0B1
— 80 ASSISTANT SURGEON	02 OVERRIDE FRE	01/01/05 99/99/99 01/01/05 0B1
— 22 UNUSUAL SERVICES	04 OVERRIDE CCI	01/01/05 99/99/99 01/01/05 0B1
— 25 UNUSUAL ANESTHESIA	04 OVERRIDE CCI	01/01/05 99/99/99 01/01/05 0B1
— 58 STAGED/RELATED PROC	04 OVERRIDE CCI	01/01/05 99/99/99 01/01/05 0B1
— 59 DISTINCT PROCEDURAL	04 OVERRIDE CCI	01/01/05 99/99/99 01/01/05 0B1
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC		

RF07L223 – ONLINE MAINTENANCE PROGRAM TECHNICAL SPEC:

- Create new multifunctional program RF07L223
 - Create new panel RF07P223
 - Display and maintain table RF-MOD-OVER-LMT-U mapping fields to panel RF07P223
 - Validate entered panel field Procedure Modifier using IRF transaction 'PRCMD'
 - Validate entered panel field Action Code using new IRF transaction 'RF725'
 - Overlapping dates for Procedure Modifier and Action Code not allowed
 - Include PF9 online report request functionality in Inquiry mode
 - Include standard Start-At and Filter online search functions

RF07L023 – REPORT PROGRAM TECHNICAL SPEC:

- Create new report program RF07L023
 - Executed from PF9 function in online program RF07L223 in Inquiry mode
 - Selection criteria passed from online program RF07L223 will be used to read and map selected records from table RF-MOD-OVER-LMT-U to report RF07R023 which will be directed for printing to the online user's default printer defined in the Security system
 - Requestors name is printed atop each printed page

6.2.2.11 RF725 - OVERRIDE MODIFIER ACTION CODES

TR: RF725	ACT: I	AHCCCS - REFERENCE	USER ID: 0B1	05/03/04
NTR: _____		OVERRIDE MODIFIER ACTION CODES		19:58:30
				RF00L222
SORTED BY CODE				
CODE	DESCRIPTION	BEG DATE	END DATE	LAST MOD USR
01	OVERRIDE MULTIPLE SURGERY DISCOUNT	01/01/05	99/99/99	05/03/04 0B1
02	OVERRIDE FREQUENT SERVICE LIMIT	01/01/05	99/99/99	05/03/04 0B1
03	OVERRIDE DUPLICATE CHECK	01/01/05	99/99/99	05/03/04 0B1
04	OVERRIDE CCI EDITS	01/01/05	99/99/99	05/03/04 0B1
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC				

Create new generic transaction RF725 table type D2.

❖ TABLE MAINTENANCE

Add new security transaction RF725

Add new generic transaction RF725 to table of tables RF098

6.2.3 AMEND EXISTING ONLINE PROCESSES

- Modify all program logs.
 - SSR # 2003-0615-03
 - Promote date 02/01/05
- RF1*** – Procedure Codes Main Driver
 - Program RF01L000
- RF101A - Procedure Codes Add Loop Driver
 - Program RF01L100
- RF101A - Procedure Code Add
 - Program RF01L105
- RF110C - Procedure Code Change
 - Program RF01L205
- RF110D - Procedure Code Delete
 - Program RF01L305
- RF7*** - E/C Main Driver
 - Program RF07L000

6.2.3.1 RF01L000 – PROCEDURE CODES MAIN DRIVER – TRANS: RF1**

- Add new transactions RF126 A/C/D/I/H for calls to new programs RF01L026, RF01L126, RF01L226 & RF01L326
- Add new transactions RF121 A/C/D/I/H for calls to new programs RF01L021, RF01L121, RF01L221 & RF01L321
- Add new transactions RF127 A/C/D/I/H for calls to new programs RF01L027, RF01L127, RF01L227 & RF01L327
- Add new transactions RF128 A/C/D/I/H for calls to new multifunctional program RF01L228

6.2.3.2 RF01L100 – PROCEDURE CODES ADD LOOP DRIVER – TRANS: RF101A

- Modify Section P700-SEL-TRAN as follows
 - Change 'WHEN 10 to WHEN 13'
 - Change 'WHEN 09 to WHEN 12'
 - Change 'WHEN 08 to WHEN 11'
 - Change 'WHEN 07 to WHEN 10'
 - Change 'WHEN 06 to WHEN 09'
 - Change 'WHEN 05 to WHEN 08'
 - Change 'WHEN 04 to WHEN 06'
 - Change 'WHEN 03 to WHEN 04'

- Insert following code immediately prior to 'WHEN 04'
- WHEN 03
: 'RF127' :OPFS PROC INDICATORS & VALUES
CALL RF01L227 USING REFERENCE-PARM
- Insert following code immediately prior to 'WHEN 06'
- WHEN 05
: 'RF126' :OPFS PRICE
CALL RF01L126 USING REFERENCE-PARM
- Insert following code immediately prior to 'WHEN 08'
- WHEN 07
: 'RF121' :OPFS VALID PROC MODIFIER
CALL RF01L121 USING REFERENCE-PARM
- Change 'IF W.SCREEN LT 11' to 'IF W.SCREEN LT 14'
- Add following logic to end of Procedure P990-EXIT-RTN
- RELEASE PROGRAM RF01L121
RELEASE PROGRAM RF01L126
RELEASE PROGRAM RF01L227

6.2.3.3 RF01L105 – PROCEDURE CODE DESC ADD – TRANS: RF101A

- Add following logic to Procedure P901-ADD-REC immediately after ENDFOR NEW RF-PROC-U3

```
FOR NEW RF-PROC-OPFS-IND-U
  SET RF-PROC-OPFS-IND-U.STA-CD           = 'A'
  SET RF-PROC-OPFS-IND-U.PROC             = RF01P105.PROC
  SET RF-PROC-OPFS-IND-U.BEG-DAT          = W.BEG-DAT
  SET RF-PROC-OPFS-IND-U.END-DAT          = W.END-DAT
  SET RF-PROC-OPFS-IND-U.REC-ADDED-DAT    = W.MOD-DAT
  SET RF-PROC-OPFS-IND-U.REC-ADDED-TIME   = W.MOD-TIME
  SET RF-PROC-OPFS-IND-U.REC-ADDED-USR    = W.MOD-USR
  SET RF-PROC-OPFS-IND-U.LAST-MOD-DAT     = $SPACES
  SET RF-PROC-OPFS-IND-U.LAST-MOD-TIME    = $SPACES
  SET RF-PROC-OPFS-IND-U.LAST-MOD-USR     = $SPACES
WHEN DUPLICATE
ENDFOR
```

6.2.3.4 RF01L205 – PROCEDURE CODE DESC CHANGE – TRANS: RF110C

- Add following code to Working Data Definition

```
RF-PROC-OPFS-IND-W      COPY    DVW RF-PROC-OPFS-IND-U
```

- Add following logic to Procedure P901-ADD-REC immediately after ENDFOR NEW RF-PROC-U3

```
IF W.HOLD-END-DAT      NE W.END-DAT

FOR FIRST RF-PROC-OPFS-IND-U
  WHERE RF-PROC-OPFS-IND-U.STA-CD           = 'A'
  AND RF-PROC-OPFS-IND-U.PROC               = RF01P205.PROC
  AND RF-PROC-OPFS-IND-U.END-DAT            = W.HOLD-END-DAT

  SET RF-PROC-OPFS-IND-W = RF-PROC-OPFS-IND-U BY NAME
  SET RF-PROC-OPFS-IND-U.STA-CD             = 'H'
  SET RF-PROC-OPFS-IND-U.LAST-MOD-DAT        = $SPACES
  SET RF-PROC-OPFS-IND-U.LAST-MOD-TIME       = $SPACES
  SET RF-PROC-OPFS-IND-U.LAST-MOD-USR        = $SPACES
WHEN NONE
ENDFOR
```

```

FOR NEW RF-PROC-OPFS-IND-U
    SET RF-PROC-OPFS-IND-U = RF-PROC-OPFS-IND-W BY NAME
    SET RF-PROC-OPFS-IND-U.END-DAT      = W.END-DAT
    SET RF-PROC-OPFS-IND-U.REC-ADDED-DAT = W.MOD-DAT
    SET RF-PROC-OPFS-IND-U.REC-ADDED-TIME = W.MOD-TIME
    SET RF-PROC-OPFS-IND-U.REC-ADDED-USR  = W.MOD-USR
    SET RF-PROC-OPFS-IND-U.LAST-MOD-DAT   = $SPACES
    SET RF-PROC-OPFS-IND-U.LAST-MOD-TIME  = $SPACES
    SET RF-PROC-OPFS-IND-U.LAST-MOD-USR   = $SPACES
WHEN DUPLICATE
ENDFOR
ENDIF

```

6.2.3.5 RF01L305 – PROCEDURE CODE DESC DELETE – TRANS: RF110D

- Add following logic to Procedure P903-DEL-REC immediately after ENDFOR FIRST RF-PROC-U3

```

IF W.MSG-CD = $SPACES
    FOR FIRST RF-PROC-OPFS-IND-U
        WHERE RF-PROC-OPFS-IND-U.STA-CD      = 'A'
            AND RF-PROC-OPFS-IND-U.PROC      = RF01P305.PROC
            AND RF-PROC-OPFS-IND-U.END-DAT    = W.HOLD-END-DAT

        SET RF-PROC-OPFS-IND-W = RF-PROC-OPFS-IND-U BY NAME
        SET RF-PROC-OPFS-IND-U.STA-CD      = 'I'
        SET RF-PROC-OPFS-IND-U.LAST-MOD-DAT = $SPACES
        SET RF-PROC-OPFS-IND-U.LAST-MOD-TIME = $SPACES
        SET RF-PROC-OPFS-IND-U.LAST-MOD-USR  = $SPACES
    WHEN NONE
    ENDFOR
ENDIF

```

6.2.3.6 RF07L000 – E/C REFERENCE MAIN DRIVER – TRANS: RF7**

- Add new transactions RF723 A/C/D/I/H for calls to new multifunctional program RF07L223
- Add new transactions RF789 A/C/D/I/H for calls to new multifunctional program RF07L289
- Add new transactions RF797 A/C/D/I/H for calls to new multifunctional program RF07L297
- Note new generic transactions RF725 and RF796 do not need to be added to this program

6.2.4 ADD NEW ANNUAL OPFS FEE SCHEDULE BATCH UPDATE PROCESS

- This process will be scheduled to run annually on request when the DHCM/Reimbursement & Reinsurance Unit have advised ISD that they have a PC update file of new OPCS fee schedules ready to be applied to new table RF127. The process will be very similar to the existing annual Procedure MAC Fee Schedule update process.
- Program parameter dates used for adding new prices and end-dating current ones will be stated on new form REQ5R904 and entered into the Control-M schedule prior to job submission.

Annual OPFS Input File Layout Downloaded from PC

Data Name	Picture	Actual Positions		Remarks
		From	To	
PROC	X 05	01	05	
OPFS	X 08	06	13	
Filler	X 67	14	80	

6.2.4.1 Create new program RF01L904 cloned from program RF01L901

- Update the new table RF-PROC-OPFS-PRICE described in section 6.2.1.1
- Remove any code referencing PLC-SER
- Create associated reports RF01R904, RF02R904, RF03R904 cloned from reports RF01R901, RF02R901 and RF03R901
- Create new job \$AC5R906 and Control-M schedule cloned from \$AC5R901
 - DBA80 file name will be
\$ACS.RF.OPFS.PRICE.UPDATE.K%%CTRT_YEAR
- Create new LIB.TEXT member \$AC5R906 cloned from \$AC5R901
- Create new LIB.TEXT member REQ5R906 cloned from REQ5R901

6.2.4.2 Create new program RF01L905 cloned from program RF01L902

- The extract file will need to be uploaded to a PC as described in new request form REQ5R907 -- similar to that described in form REQ5R902
- Create associated reports RF01R905 cloned from report RF01R902
 - When price is zero set value = 'SCO' not "BR" copied from cloned report
- Create new job \$AC5R907 and Control-M schedule cloned from \$AC5R902
 - DBA99 EXTRACT file name will be \$ACS.RF.RF.HCPCS.OPFS
- Create new LIB.TEXT member \$AC5R907 cloned from \$AC5R902
- Create new LIB.TEXT member REQ5R907 cloned from REQ5R902

6.2.5 CREATE NEW BATCH PROCESS TO UPDATE TABLE RF-PROC-CCI

Note: The CCI file described in this section is currently processed quarterly by AHCCCS and MQD to load the Claims/Reference tables used to support Form 1500 Group Bundled Services e.g. Transaction CL218. It was initially thought that this file would be used to support OPFS. However AHCCCS has identified that there is also a separate Outpatient CCI file produced by CMS. AHCCCS therefore will ascertain if this can be procured and if so this too will be loaded to the proposed RF-PROC-CCI table in a similar fashion to that described in this section.

The proposed new table RF-PROC-CCI will be reloaded each quarter from CCI (National Correct Coding Initiative) codes delivered by Decision Health (vendor contracted to AHCCCS) each quarter on CD. i.e. January, April, July & October. This CD will be received by DFSM/Claims and forwarded to ISD for processing. There are five separate files representing Anesthesia, Surgical, Radiology, Pathology & Medicine codes. These codes will completely replace the codes stored on the RF-PROC-CCI table every quarter. See PMMIS screen RF128.

ISD will run the CorrectCodeChek software supplied on the CD to extract the data and then reformat it into text format before downloading it onto mainframe files which will be loaded directly on to the RF-PROC-CCI table.

Quick Guide to CMS's National Correct Coding Initiative

The National Correct Coding Initiative (CCI), produced by the Centers for Medicare & Medicaid Services (CMS) and its contractor AdminaStar Federal, tells you what procedures and services you can't bill at the same time when they are furnished for the same patient on the same day.

When you receive the National Correct Coding Primer and our *CorrectCodeChek* software, you will see columns of codes with modifier indicators. For CCI, Column 1 is the list of comprehensive codes and Column 2 is the list of component codes. In the view of the National Correct Coding Initiative, the **Column 1 (comprehensive) code** includes all the services listed in **Column 2 (the component codes)**.

In other words, if you provide services listed in both Column 1 and Column 2 to the same patient on the same day, you can bill only for the Column 1 (comprehensive) code. **PAYMENT IMPACT:** If you bill for both a Column 1 code and Column 2 code, your Medicare carrier will deny your claim.

You also will find a list of **mutually exclusive codes** in Column 1 and Column 2 format (they appear at the front of each chapter's list of codes and are included with the prohibited code pairs displayed by *CorrectCodeChek*). Mutually exclusive codes are codes that CMS and AdminaStar Federal say cannot be reasonably performed by a physician in a single patient encounter. The mutually exclusive code list differs from the list of comprehensive and component codes in another way. Although the mutually exclusive codes are listed in Column 1 and Column 2 format, Column 2 codes are not a component of the Column 1 code. **PAYMENT IMPACT:** If you bill for a Column 1 and Column 2 mutually exclusive code for the same patient on the same day, Medicare will pay **only** the code with the lower reimbursement level (usually, but not always, the Column 1 code).

The **modifier indicators** tell you if you can bill separately for a Column 1 (comprehensive) code and Column 2 (component) code in special circumstances even though the codes are performed on the same patient on the same day. (Modifiers that identify these special cases are: E1-E4, FA, F1-F9, LC, LD, LT, RC, RT, TA, T1 – T9, 25, 58, 59, 78, 79 and 91). Each unbillable code combination lists a modifier indicator of 0, 1 or 9. Here are CMS's definitions of the modifier indicators:

- | | |
|----------|---|
| 0 | Indicates that there are "no circumstances in which a modifier would be appropriate. The services represented by the code combination will not be paid separately." |
| 1 | Indicates that "a modifier is allowed in order to differentiate between the services provided. Assuming the modifier is used correctly and appropriately, vides the basis upon which separate payment for the |

services billed may be considered justifiable.”

- 9** Means the “use of [Correct Coding Initiative] modifiers is not specified. A 9 indicator is used for all code pairs whose deletion date is the same as their effective date.” In other words, these edits are no longer active, so the code combinations are billable, and no modifier is needed.

If you have inquiries or suggestions about NCCI edits, you may write to:

NCCI Medical Director Niles Rosen, MD
National Correct Coding Initiative
AdminaStar Federal, Inc.
P.O. Box 50469
Indianapolis, IN 46250-0469

However, AdminaStar recommends that providers first contact their national associations and societies to see if the issue has been addressed already. If not, the backing of a national organization will boost your case with CMS. Send documentation such as clinical literature and coding guidelines along with your suggestion because it will be analyzed by CMS to help decide if the edit in question should be changed. You will then receive word of CMS’s decision through AdminaStar Federal.

Key to Medicare’s Edit Code Numbers

Medicare uses the following numbers to represent the reasons – printed to the right of the numbers in the following list – why particular code pairs are prohibited. Descriptions of the reasons are in Medicare’s General Correct Coding Policies, which are reprinted after the “General Correct Coding Policies” tab of this binder. To read Medicare’s reasons for each of the following edits, go to the “General Correct Coding Policies” tab and find the section in parentheses following each reason. For example, you will find Medicare’s description of Edit Code 1 – Coding Based on Standard of Medical/Surgical Practice – in section B of the “General Correct Coding Policies” tab in your binder.

- 1 Coding Based on Standard of Medical/Surgical Practice (section B)
- 2 Separate Procedure (section J)
- 3 Most Extensive Procedure (section L)
- 4 This designation is no longer valid.
- 5 Anesthesia Service Included in the Surgical Procedure (section G)
- 6 Laboratory Panel (section N)
- 7 Sequential Procedure (section M)
- 8 Standard Preparation/Monitoring Services (section F)
- 9 HCPCS/CPT Procedure Code Definition (section H)
- 10 HCPCS/CPT Coding Manual Instruction/Guideline (section I)
- 11 Misuse of Column 2 Code with Column 1 Code (section O)
- 12 Mutually Exclusive Procedures (section P)
- 13 Gender-specific Procedure (section Q)

Form 1500 CCI (National Correct Coding Initiative) Codes Record Layout

Data Name	Picture	Remarks
		All fields are delimited by either {a single quotation mark} {'} or by a {combination of quotation mark and comma} {",}
Comprehensive Code	X 05	
Component Code	X 05	
Effective Begin Date	X 10	MM/DD/YEAR (format includes slashes)
Effective End Date	X 10	MM/DD/YEAR (format includes slashes)
Description	X 74	Will be translated to a valid POLICY indicator value B, F, G, H, I, J, L, M, N, O, P or Q
Indicator	X 01	Value = 0, 1 or 9

6.2.5.1 Create new Reference batch job \$AC5R910 to Load RF-PROC-CCI table

- First Job step will include new program RF35L127 cloned from program CLCC0060 to reformat CCI input records
- Second Job step will execute proposed new load program RF35L128

6.2.5.2 New Program RF35L128

- All existing RF-PROC-CCI records will be deleted prior to each load
- The CCI fields Comprehensive Code, Component Code, Effective Begin & Effective End Date fields will be mapped to their complementary fields on the RF-PROC-CCI table. Note: Primary Procedure is equivalent to Comprehensive Code
- The Form Type will be set to “A” indicating Form 1500
- POLICY will be translated from supplied CCI descriptions as follows
 - ‘B’ – Coding Based on Standards of Medical/Surgical Practice
 - ‘F’ – Standard Preparation/Monitoring Services
 - ‘G’ – Anesthesia Service Included in the Surgical Procedure
 - ‘H’ – HCPCS/CPT Procedure Code Definition
 - ‘I’ – HCPCS/CPT Coding Manual Instruction/Guideline
 - ‘J’ – Separate Procedure
 - ‘L’ – More Extensive Procedure
 - ‘M’ – Sequential Procedure
 - ‘N’ – Laboratory Panel
 - ‘O’ – Misuse of Column 2 Code with Column 1 Code
 - ‘P’ – Mutually Exclusive Procedure
 - ‘Q’ – Gender-Specific Procedure (formerly Designation of Sex)
- Indicators

- Records received with Indicator = '9' will be not be loaded.
- Records received with Indicator = '0' will be loaded with the Modifier Indicator set to '0'. Encounters & Claims pricing and valuation programs will determine the presence of these CCI Component Codes on the Claims forms and will adjust pricing according to the CCI Primary Code.
- Records received with Indicator = '1' will be loaded with the Modifier Indicator set to '1'. The presence of '1' in this field will allow any matched Encounters & Claims CPT Codes and matching modifiers to be priced in addition to the CCI Primary Code.

6.2.6 ADD NEW RECORDS TO FTP SERVER IN SUPPORT OF HEALTH PLAN BI-MONTHLY REFERENCE TABLE EXTRACTS

6.2.6.1 Create new program RF01L905 – cloned from program RF01L900

- Create extract records N1 through N9 as follows – see section 6.2.6.2 REFER03 file record layouts:
 - N1 = RF127 – Procedure OPFS Indicators & Values
 - See table RF-PROC-OPFS-IND in section 6.2.1.2
 - N2 = RF126 – Procedure OPFS Price
 - See table RF-PROC-OPFS-PRICE in section 6.2.1.1
 - N3 = RF797 – OPFS Bundled Rate Driver Table
 - See table RF-PROC-OPFS-DRIVER in section 6.2.1.6
 - N4 = RF796 – OPFS Bundled Revenue Codes
 - Read generic table RFGD3RC with TBL-TYP = 'RF796' in section 6.2.2.7
 - N5 = RF128 – CCI Edits
 - See table RF-PROC-CCI in section 6.2.1.3
 - N6 = RF789 – Multiple Surgery Exception Table
 - See table RF-PROC-SURG-XCP in section 6.2.2.9
 - N7 = RF723 – Limit Override Modifiers
 - See table RF-MOD-OVERRIDE-LIMIT in section 6.2.2.10
 - N8 = RF725 – Override Modifier Action Codes
 - Read generic table RFGD2RC with TBL-TYP = 'RF725' in section 6.2.2.11
 - N9 = RF121 – Valid OPFS Procedure Modifiers
 - See table RF-PROC-OPFS-MOD in section 6.2.2.3
- A third Reference extract file REFER03.ZIP will be created containing all the new record layouts described and placed on the ShareInfo server along with existing extract files REFER01.ZIP and REFER02.ZIP.
- The existing bi-monthly job \$AC5R500 will need to be modified to execute new program RF01L905.
 - Delete IDCAMS steps AC5RS010 and AC5RS015 which are not needed
 - Add new step AC5RP010 to execute program RF01L905 and create new file \$ACS.RF01L905.RFPRX001.TEMP
- A new of C-Direct job will be needed to copy the file over to the server. Create new jobs and CONTROL-M schedules \$AC5R640, \$AC5X640, \$AC5D640. In addition clone LIB.PARMLIB member \$AC5R630 to create new member \$AC5R640 for new zipped file REFER03
- Update LIB.TEXT member \$AC5R500 and add \$AC5R640 to list of successor jobs.
- Create new LIB.TEXT members \$AC5R640 & \$AC5X640

6.2.6.2 REFERENCE FILE 03 OUTPUT RECORD LAYOUTS

80 Column Format

Header (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X 12	01	12	
Date Created	X 05	13	17	YYDDD
Filler	X 61	18	78	
Record Type	X 02	79	80	“T0”

OPFS Indicators (N1)

One Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X 05	01	05	
Effective Begin Date	X 08	06	13	YEARMMD
Effective End Date	X 08	14	21	YEARMMD
Medicare Coverage Indicator	X 01	22	22	Y=Yes, N=No
Third Party Liability Indicator	X 01	23	23	Y=Yes, N=No
Confidential Services Indicator	X 01	24	24	Y=Yes, N=No
Family Planning Indicator	X 01	25	25	Y=Yes, N=No
Sterilization Indicator	X 01	26	26	Y=Yes, N=No
Abortion Indicator	X 01	27	27	Y=Yes, N=No
EPSDT Indicator	X 01	28	28	Y=Yes, N=No
Procedure Daily Maximum	X 03	29	31	
Gender	X 01	32	32	M=Male, F=Female or blank
Minimum Age Group				
Minimum Age Duration	X 03	33	35	‘000’ – ‘999’
Minimum Age Type	X 01	36	36	Y=Years, M=Months, D=Days
Maximum Age Group				
Maximum Age Duration	X 03	37	39	‘000’ – ‘999’
Maximum Age Type	X 01	40	40	Y=Years, M=Months, D=Days
1 st Limit	X 03	41	43	‘000’ – ‘999’ or blank
1 st Frequency Group				
1 st Frequency Value	X 03	44	46	‘000’ – ‘999’ or blank
1 st Frequency Code	X 01	47	47	C=Contract Year, D=Day, L=Lifetime M=Month, W=Week, Y=Year or blank
2 nd Limit	X 03	48	50	‘000’ – ‘999’ or blank
2 nd Frequency Group				
2 nd Frequency Value	X 03	51	53	‘000’ – ‘999’ or blank
2 nd Frequency Code	X 01	54	54	C=Contract Year, D=Day, L=Lifetime M=Month, W=Week, Y=Year or blank
Filler	X 24	55	78	
Record Type	X 02	79	80	“N1”

OPFS Price (N2)**One to Many Per Procedure**

Data Name	Picture	Actual Positions		Remarks
		From	To	
PROC	X 05	01	05	
CTY	X 02	06	07	See Appendix A Encounters Document
BEG-DAT	X 08	08	15	YEARMMD
END-DAT	X 08	16	23	YEARMMD
OPFS	9(9)V99	24	34	
CRN-DAT	X 08	35	42	YEARMMD
Filler	X 36	43	78	
REC-TYPE	X 02	79	80	"N2"

OPFS Bundled Driver (N3)**One Per Procedure Code Range**

Data Name	Picture	Actual Positions		Remarks
		From	To	
PROC-FROM	X 05	01	05	
PROC-TO	X 05	06	10	
BEG-DAT	X 08	11	18	YEARMMD
END-DAT	X 08	19	26	YEARMMD
Filler	X 52	27	78	
REC-TYPE	X 02	79	80	"N3"

OPFS Bundled Revenue Codes (N4)**One Per Revenue Code**

Data Name	Picture	Actual Positions		Remarks
		From	To	
REV-CD	X 03	01	03	
DESCRIPTION	X 40	04	43	
BEG-DAT	X 08	44	51	YEARMMD
END-DAT	X 08	52	59	YEARMMD
Filler	X 19	60	78	
REC-TYPE	X 02	79	80	"N4"

CCI Codes (N5)**One to Many Per Procedure Code**

Data Name	Picture	Actual Positions		Remarks
		From	To	
PROC-PRIMARY	X 05	01	05	
PROC-COMPONENT	X 05	06	10	
FORM-TYPE	X 01	11	11	
BEG-DAT	X 08	12	19	YEARMMD
END-DAT	X 08	20	27	YEARMMD
POLICY	X 01	28	28	
MOD-INDICATOR	X 01	29	29	
Filler	X 49	30	78	
REC-TYPE	X 02	79	80	"N5"

Multiple Surgery Exemption Table (N6)**One Per Procedure Code**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X 05	01	05	
Source Indicator	X 01	06	06	‘A’ =AHCCCS; ‘M’=Medicare
Effective Begin Date	X 08	07	14	YEARMMD
Effective End Date	X 08	15	22	YEARMMD
Filler	X 56	23	78	
Record Type	X 02	79	80	“N6”

Limit Override Modifiers (N7)**One Per Modifier**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Modifier	X 02	01	02	
Action Code	X 02	03	04	
Effective Begin Date	X 08	05	12	YEARMMD
Effective End Date	X 08	13	20	YEARMMD
Filler	X 58	21	78	
Record Type	X 02	79	80	“N7”

Override Modifier Action Codes (N8)**One Per Action Code**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Action Code	X 02	01	02	
Effective Begin Date	X 08	03	10	YEARMMD
Effective End Date	X 08	11	18	YEARMMD
Filler	X 60	19	78	
Record Type	X 02	79	80	“N8”

Valid OPFS Procedure Modifier Table (N9)**One to Many Per Procedure Code**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X 05	01	05	
Procedure Modifier	X 02	06	07	
Payment Type	X 01	08	08	‘P’=Percent ‘A’=Amount
AMT	9(7)v9999	09	19	
Effective Begin Date	X 08	20	27	YEARMMD
Effective End Date	X 08	28	35	YEARMMD
Claim Receipt Date	X 08	36	43	YEARMMD
Filler	X 35	44	78	
Record Type	X 02	79	80	“N9”

Trailer (T9)**One Per File**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X 12	01	12	
Date Created	X 05	13	17	YYDDD
Total Records	9(10)	18	27	
Filler	X 51	28	78	
Record Type	X 02	79	80	“T9”

7 Schedules & Milestones

Task	Dates		Hours	
	Planned	Actual	Planned	Actual
ISD Received SSR				
SSR Required				
Requirements Worksheet Started				
Requirements Worksheet Completed				
Requirements Worksheet Accepted				
System Proposal Started				
System Proposal Completed				
Formal Walkthrough Date				
System Proposal Accepted				
Programming Started				
Programming Completed				
Unit Testing Started				
Unit Testing Completed				
Testing Turnover				
Testing Sign-Off				
Promote Sign-Off				
Release Memo Sent To User				
SSR Promoted To Production				
Confirmation of Promote				
Post-Implementation Follow-up				

8 **Assumptions**

- The Encounters Unit will be responsible for communicating to the Health Plans how they should utilize the records on the new extract file REFER03.ZIP.

9 **Attachments**

None

10 **Addendum**

- **Appendix E – Reference File ISD Specifications**